THE AMERICAN JOURNAL of OCCUPATIONAL THERAPY

OFFICIAL PUBLICATION OF THE AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

Vol. X, No. 5 | 1956 | September-October

TABLE *of* CONTENTS

ARTICLES

DIVISIONS

FEATURES

Copyright 1956 by the American Occupational Therapy Association
New York 19, New York, Published bi-monthly.

"Enjoy new rewards as an Army Occupational Therapist.....

A career so important, you start as an officer!

"

$90

"Yes, when you serve your country as an Army occupational therapist, you know that your life will be fuller, your career more complete. You know it because the Army makes you an officer—gives you the rank and prestige reserved for those with important jobs.

"It doesn't take long to find out just how important your job is. Working in a modern, well-equipped Army hospital, you'll soon feel the added satisfaction of playing your part to help your country as well as humanity.

"And with this greater responsibility come greater personal benefits, too. For one thing, you'll be surprised how your free rent, medical care and recreation allow you to save a tidy nest egg out of your officer's salary. You'll find it comes in mighty handy on that big 30-day paid vacation you get every year. And while you're waiting for your vacation to roll around, you'll enjoy the stimulating companionship of your fellow officers—professional men and women with interests just like yours.

"The Army really does offer you a fuller professional career, a more rewarding personal life. Why not send now for all the details on what an Army career can mean to you. You'll be glad you did."

SERVING HUMANITY, COUNTRY, SELF

The Surgeon General, United States Army
Washington 25, D. C.
Attn: Personnel Division

T56-5

Please send me further information on my opportunities as an Occupational Therapist in the U.S. Army.

My present status is (check one)

STUDENT:
- ___ High School
- ___ College
- ___ Occupational Therapist

GRADUATE:
- ___ College
- ___ Occupational Therapist

OTHER:

Name _____

Address _____

City _____ State _____

ARMY MEDICAL SPECIALIST CORPS — U. S. ARMY MEDICAL SERVICE

Improved FRANKLIN TILT TABLE

COMPARE DESIGN • QUALITY • PRICE!

(Photo of Model T-101)

New MODEL T-101 PRICE $395.00

Write for descriptive literature.

(Photo of Model T-100)

MODEL T-100 PRICE $641.00

The Model T-100 Tilt Table we introduced two years ago received prompt acceptance in the rehabilitation field and has served it well since then. Now, in answer to professional suggestions we have completely re-designed the Model T-100 to improve its handling and use potential and to bring it within the price range of even the smallest of hospitals.

IMPROVEMENTS

- Height reduced from 34" to 32" for easier transfer of patient.
- Strength and rigidity has been increased by all-welded construction.
- Hinged Foot-board folds out-of-the-way when use as a treatment table is desired.
- Trendelenberg position (to 10°) is now possible, as well as the full-standing (90°) position.

NEW PRICE MODEL T-101		OLD PRICE MODEL T-100	
Tilt Table, including Mattress, Cervical Bar, Abdomen Strap, Knee Strap, Crating	$395.00	Tilt Table...$511.00, Mattress ... 47.00, Cervical Bar. 27.00, Abdomen Strap 24.00, Knee strap.. 16.00, Crating 16.00	$641.00

Auxiliary equipment including Crutch Arms, Hand Grips, Arm Sling Suspensions, Slings and Foam Rubber Mattress, are available at proportional savings.

ALL PRICES F.O.B. NEWARK, N. J.

FRANKLIN HOSPITAL EQUIPMENT CO.

116 Academy Street, Newark 2, N. J. Phone: MArket 2-5187

Designers and Manufacturers of Hospital Equipment

ANNOUNCING

Lily's NEW HANDWEAVING YARNS

HOMESPUN YARNS AND ALL COTTON CHENILLE YARNS

These exciting new yarns were developed especially for handweaving in just the right weights, sizes and colors.

Lily Homespun Yarns are made from the world's finest 100% virgin wools in 3 weights:

Lamb's Wool — for weaving lightweight Ladies' Suits and Coats and Men's Dress Sport Coats

Suiting Yarn — for Suits, Sport Coats and Light Topcoats

Tweed Yarns — for Sport Coats and Topcoats.

Available in fashionable colors on 4 oz. tubes.

1 lb. cones

Lily all cotton **CHENILLE YARNS** are made in 18 beautiful, *Fast* colors in 3 sizes:
3-cut, 225 Yds. per Lb.
6-cut, 400 Yds. per Lb.
12-cut, 1560 Yds. per Lb.

Samples and prices upon request

ORDER ALL YOUR SUPPLIES FROM THE HANDWEAVER'S HEADQUARTERS

LILY MILLS COMPANY, Dept. HWN, Shelby, N. C.

The American Journal of Occupational Therapy

The Official Publication of the

American Occupational Therapy Association

Editorial Office: 3514 N. Oakland Ave.
Milwaukee 11, Wis.

EDITOR

Lucie Spence Murphy, O.T.R.

ASSOCIATE EDITORS

Marie Louise Franciscus, O.T.R., Lt. Col. Myra McDaniel, O.T.R.

EDITORIAL STAFF

ADVISORY COMMITTEE

Pediatrics - - - - - H. Kent Tenney, M.D.
University of Wisconsin Medical School
Physical Medicine - - Ben L. Boynton, M.D.
Rehabilitation Institute of Chicago
Psychiatry - - - Walter S. Barton, M.D.
Boston State Hospital
Research - - - D. Wells Goodrich, M.D.
N. I. of M. H., Bethesda, Md.
Tuberculosis - - - - - A. L. Banyai M.D.
Muirdale Sanatorium
Editorial - - William R. Dunton, Jr. M.D.
Baltimore, Md.

DIVISION EDITORS

A. Jean Ayres, O.T.R.
Mary Britton, O.T.R.
Elizabeth Collins, O.T.R.
Eunice Ford, O.T.R.
Angeline Howard, O.T.R.
Eleanor Kille, O.T.R.
Barbara Locher, O.T.R.
Henrietta McNary, O.T.R.
Evelyn Moose, O.T.R.
Martha Norris, O.T.R.
Bertha Piper, O.T.R.
Adaline Plank, O.T.R.
Eleanor R. Hillger, O.T.R.
Harold Shalik, O.T. R.
Norma Smith, O.T.R.
Florence Stattel, O.T.R.
Caroline Thompson, O.T.R
Beatrice Wade, O.T.R.
Elizabeth M. Wagner, O.T.R.
Carlotta Welles, O.T.R.
Minnie Witham, O.T.R.
Ruth Woodring, O.T.R.

CONTRIBUTING EDITORS

Marjorie Fish, O.T.R.
Mary Frances Heermans, O.T.R.
Winifred Kahmann, O.T.R.
Laurel V. Nelson, O.T.R.
John Redjinski, O.T.R.
Ruth Robinson, Maj.
Clare Spackman, OT.R.
Wilma West, O.T.R.
Muriel Zimmerman, O.T.R.

AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

250 West 57th Street, New York 19, N. Y.

OFFICERS: *President*: *Major Ruth Robinson, AMSC; *First Vice-President*: *Beatrice D. Wade, O.T.R.; *Second Vice-President*: Florence Stattel, O.T.R.; *Treasurer*: *Clare Spackman, O.T.R.; *Treasurer-Elect*: Wilma West, O.T.R.

BOARD OF MANAGEMENT: *Delegates*: Mary Lawler Crook, O.T.R.; *Frances Helmig, O.T.R., Ethel E. Heubner, O.T.R., Arvilla D. Merrill, O.T.R., Elizabeth Whitaker, O.T.R., Corinne White, O.T.R.; *Elected members*: Sister Jeanne Marie Bonnett, O.T.R., *Mary Britton, O.T.R., Marie Louise Franciscus, O.T.R., Margaret Gleave, O.T.R., *Elizabeth L. Jameson, O.T.R., Capt. Gertrude Murray, AMSC, Laurel Nelson, O.T.R., Ivabelle R. Rhodes, O.T.R., June Sokolov, O.T.R., Caroline Thompson, O.T.R., *Wilma West, O.T.R.; *Fellows*: Arthur C. Jones, M.D., Donald L Rose, M.D.; *Honorary Board Member*: William R. Dunton, Jr., M. D.

*Members of the executive committee.

EXECUTIVE DIRECTOR: Marjorie Fish, O.T.R., 250 West 57th Street, New York 19, N. Y.

Correspondence relating to editorial matters should be sent to *The American Journal of Occupational Therapy*, 3514 N. Oakland Ave., Milwaukee 11, Wis. Only original contributions should be submitted for publication in the Journal and if accepted, may not be published elsewhere without permission.

Opinions and statements expressed in the magazine are those of the authors of articles and are not to be considered as representing the views of the American Occupational Therapy Association.

Manuscripts should be typewritten, double spaced, with liberal margins and submitted in duplicate. References should be listed at the end of the article and not as footnotes.

Illustrations may be included. Photographs should be glossy prints 3" x 5" or larger. Drawings must be drawn and lettered in India ink on heavy paper.

Correspondence relating to subscriptions should be sent to the American Occupational Therapy Association, 250 West 57th Street, New York 19, N. Y. Change of address notices should include the old as well as the new address, postal zone, and should be mailed six weeks in advance of publication date.

The Journal is published bimonthly on the 10th of February, April, June, August, October and December.

Subscription price to members included in yearly fees; to non-members $5.00 a year domestic, $5.50 foreign. Single issues, $1.00.

Correspondence relating to advertising should be sent to the editorial office. Classified advertising accepted only for job opportunities or positions wanted.

PRESTON

A Complete Line

FOR PHYSICAL MEDICINE AND REHABILITATION

REHABILITATION: Walking Parallel Bars and Exercise Staircases of various designs; Posture Mirrors, single & triple; **Gymnasium Mats** in various thicknesses and coverings; Various types of **Bicycle Exercisers;** Restorator; **Progressive Resistance Exercise Units;** Quadriceps-Gastrocnemius-Footdrop Boots; Dumbells; Indian Clubs; **Wall Pulleys;** Doorway Bars and Pulleys; Guthrie-Smith Suspension Apparatus; Stall Bars; **Shoulder Wheels** with height adjustment; Manuflex; Kanavel Table; Sayre's Headslings; Treatment Tables; Timers.

HYDROTHERAPY-ELECTROTHERAPY: Whirlpools for every use; Hubbard Tanks; **Paraffin Baths; Hydrocollator;** Shortwave Diathermy; Galvanic-faradic-sinusoidal Generators; Hanovia Ultraviolet lamps; **Heat Lamps and Bakers;** Ultrasonic Generators.

SPEECH THERAPY: Audiometers; Tape Recorders; Mirrors for Speech Therapy.

CEREBRAL-PALSY FURNITURE: Relaxation Chairs; Runner Chairs; **Cut-Out Tables; Stand-in Tables;** Special Treatment Tables; Foot Placement Ladder; **Standing Stabilizers;** Straight Skis; Crawler; **Kindergarten Tables and Chairs.**

INVALID EQUIPMENT: Everest & Jennings Wheelchairs; Hollywood Wheelchairs; Commodes; Walkers; Patient Lifters; **Standing (Tilt) Tables;** Stretchers; Large selection of **Crutches and Canes.**

SELFHELP DEVICES: Flatware for the handicapped; Eating Bowls with grip-tite base; **Devices for one-armed knitting, embroidery, darning;** Holder for drinking glass; Reachers; Telephone Holder; Bathtub Seat; Foam Rubber Toilet Seat; **Toilet Armrests; Nylon Incontinent Panties;** Elastic Shoe Laces; **Automatic Page Turner;** Prismatic Glasses.

Send for your free copy of our illustrated catalog No. 1056-O; or write for particulars on any items of interest to you.

J. A. PRESTON CORP.
175 FIFTH AVENUE, NEW YORK 10, N. Y.

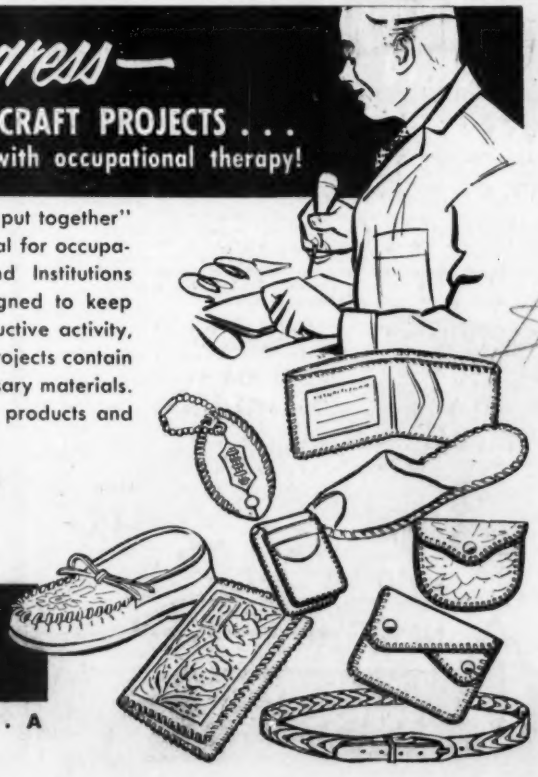
$60

℞

For Progress—

OSBORN HANDICRAFT PROJECTS . . .

promote recovery with occupational therapy!



Osborn offers a complete-line of "ready to be put together" handicraft projects that have been proven ideal for occupational therapy departments in Hospitals and Institutions throughout the country. Each project is designed to keep patients' minds occupied with hours of constructive activity, pleasure and recreation. Osborn Handicraft projects contain easy-to-follow instructions and all of the necessary materials. Osborn handicraft projects are all top-quality products and available for immediate delivery.

$55

SEND FOR OUR FREE CATALOG

It contains illustrations, diagrams, descriptions and specifications for a variety of interesting and useful projects.

OSBORN BROS.
supply company, inc.

2306 E. WASHINGTON ST. DEPT. A
JOLIET, ILLINOIS

S–T–R–E–T–C–H

Your O T Budget

Be S U R E — Get M O R E

Craft Materials, Tools, Kits

the BEST for MUCH LESS

(the l-o-w-e-s-t prices)

mosaics, ceramics, leathercraft, enameling gimp, metalcraft, etching, basketry, art materials, pipe cleaners, radio and electronics, textile painting, toys, silk screening, and EVERY type of craft.

write TODAY for FREE literature and FREE QUOTATIONS

specialists in handicrafts for therapy and recreation

DEXTRA Crafts & Toys, Inc. Dept. 0
1246 Commonwealth Avenue Boston 34, Mass.

DEXTRA manufactures dexterity trainers. We also design and custom-make A.D.L. boards and dexterity trainers to any detailed specifications.

Send for FREE descriptive circular

NEW CATALOGUE

OUR 1956-57 VOCATIONAL PRODUCTS CATALOGUE, 50 COLORFUL PAGES DESCRIBING OVER 300 PRODUCTS, HAS JUST BEEN PUBLISHED AND MAILED OUT. IF YOU DID NOT RECEIVE A COPY AND WOULD LIKE ONE, KINDLY SEND IN YOUR REQUEST IN A LETTER OR CARD TO US TODAY. IT WILL BE SENT TO YOU BY RETURN MAIL SO THAT YOU CAN GET IT IN TIME FOR YOUR HOLIDAY NEEDS.

- **WIDEST SELECTION**
- **FINEST QUALITY**
- **LOW PRICES**
- **SAME DAY SERVICE**

S & S LEATHER COMPANY, INC.
Colchester 4, Conn.

ENAMELING KILN

LOW COST FOR OT WORKSHOPS

Occupational Therapists have found enameling to be the perfect medium of expression, it is functional as well as creative. This Kiln will fire any piece up to 4⅜" in diameter and 1½" high. We furnish a fundamental text and will answer your technical problems. Kiln reaches enameling temperature quickly, is sturdy and affords low-cost, trouble free operation. All parts easily replaceable at a nominal cost.

FREE TEXT ON ENAMELING

by Thomas E. Thompson. Send for your copy of this 40 page illustrated text on metal enameling. Techniques — tools — equipment — types of enameling — firing — finishes, etc.

NEW Silver plated metal—no pre-cleaning—no formation of oxide scale — costs little more than copper.

NEW Complete line of Opalescent colors — beautiful effects — write for sample.

THOMAS C. THOMPSON CO.
1539 Deerfield Rd., Dept. OT
Highland Park, Illinois

NOW YOU CAN MAKE EXCITING CRAFT ITEMS FROM SCRAP MATERIALS!

•

Our New 1957 Catalog of Handicraft Supplies Tells How to Do It

•

Write for this free catalog. It is just off the press. See the many items you can select that will fit your particular programs. You'll want to read the three pages devoted to a host of things that can be made from scrap materials without special equipment.

New CHICAGO Warehouse
OPENED FOR YOUR CONVENIENCE
34 Elmwood Parkway (Elmwood Park) Chicago 35, Ill.

CLEVELAND CRAFTS CO.
4705 EUCLID AVE. CLEVELAND 3, OHIO

SILK—WOOL—RAYON—LINEN—COTTON—NOVELTY YARNS

20/1 and 20/2 Linen. 19 Beautiful Fast Colors on 4 oz. tubes.

3/2 and 10/2 Fast Colors. Mercerized Perle Cotton.

2/20 Weaving Worsted. 36 beautiful colors on 2-oz. tubes. For Warp and Weft.

8/4 Boil-Fast Carpet Warp —22 colors on ½ lb. tubes.

Approved by Veterans Administration U.S. Govt. Occupational Therapy Program.

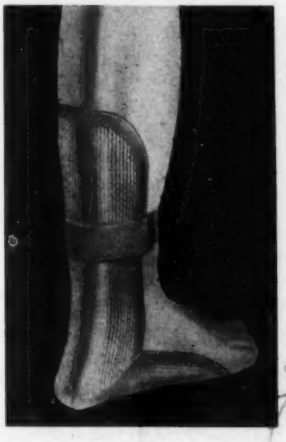
We have a complete assortment of yarns for home and commercial weaving.

(Write for free samples)

CONTESSA YARNS Dept. C.W., Ridgefield, Connecticut

Make Your Own Orthopaedic Appliances

with the new DIREKT FORM



Drop-Foot Brace or Night Splint

Double-thickness of medium D-F mesh, with center layer of burlap. 2 coats dipped D-F hardener; added finishing coats brushed on. Edges sanded, finished and protected by elastic tape—then completely waterproofed and sealed by D-F hardener.

DIREKT-FORM aluminum-alloy wire and woven fiber mesh is a new, patented material. The mesh is easily formed directly to the body of the patient. This molded form is then dipped into the plastic hardener. Also, the DIREKT-FORM method has a unique advantage over plaster. A special softener is supplied which permits reshaping or adjustment of a semifinished or finished DIREKT-FORM device.

These are important DIREKT-FORM features:

- Eliminates plaster casts
- Can be handled at room temperature
- Simple technique
- Light-weight and durable
- Readily reshaped
- Allergy-proof, easily sterilized
- Radiolucent
- Cosmetically more appealing to patient

DIREKT-FORM

Write today for Bulletin of Technique

515 Victor St., Saddle Brook, N. J.

Exclusive National Franchises Available—for many countries. Write for proposal.

COMPLETE LINE OF QUALITY HANDICRAFT SUPPLIES

COLORS • LINKBELTS • METAL ENAMELING
ARTISTS • CRAFTSTRIP • METAL CRAFT
• CRAFT BOOK • WOODEN BOXES
SUPPLIES • BLOCK PRINTING
CRAFT • WOODEN PLATES
TS • ARTISTS SUPPLIES
AFT • CHIP CARVING
K • TEXTILE COLORS
• GLASS ETCHING
NG • LEATHERCRAFT

FREE CATALOGUE ON REQUEST

GAGER'S HANDICRAFT
1024 NICOLLET AVE.
MINNEAPOLIS, MINNESOTA
FEderal 5-6757

SEND FOR YOUR CATALOG OF

Rehabilitation Products

Rehabilitation Products offers you the most complete variety of advanced equipment and supplies in the field—plus unequaled distribution and service facilities. So send for your helpful RP Catalog today!

Ankle Action Tripod Cane

This new ambulatory aid has a flexible rubber mount that keeps all three feet in contact with the floor **at all times!** Tripod canes give ease of handling combined with a wide base of constant stability and support for the patient.

Portable Arm Sling Suspension

Provides extremity support during feeding and other activities. Can be used at a standing table, in a wheel chair or straight chair. Sling bar can be elevated to three positions and 20° up and down. A foot lever control permits easy movement.

TOMAC Respiratory Bed

Offers a wide range of positions for maximum comfort and therapy. Four-section spring, rubber-mounted to reduce vibration and provide quiet operation. Spring height is only 31". Oscillating speed adjusts from 12 to 30 excursions per minute.

TOMAC Folding Invalid Walker

Provides excellent support for patients who need ambulation assistance. Width adjusts up to 27½". 3 height adjustments are provided by moving hand grips.. With swivel casters or self-leveling metal glides. Light, easy to fold and carry.

To receive your Rehabilitation Products Catalog, just complete and mail this coupon.

Rehabilitation Products
Division of American Hospital Supply Corporation
Department O.T.
2020 Ridge Avenue, Evanston, Illinois

Dear Sirs:
Please send me a copy of the Rehabilitation Products Catalog.

*Name*_____ *Title*_____

*Organization*_____
(Name of hospital, clinic, etc.)

*Department*_____

*Address*_____

*City and Zone*_____ *State*_____

THE AMERICAN JOURNAL

of

OCCUPATIONAL THERAPY

Official Publication of the American Occupational Therapy Association

September-October 1956 Vol. X, No. 5

THE ROLE OF OCCUPATIONAL THERAPY IN AN ORTHOPSYCHIATRIC TREATMENT PROGRAM [1]

ELEANOR L. REEVES, O.T.R., AND

R. A. JOHNSTON, Ph.D.

This paper represents an attempt to describe the contribution of occupational therapy to an integrated treatment program being used with a pilot group of continued-treatment service patients at the Veterans Administration Hospital in Knoxville, Iowa.

This program, which has been given the name "orthopsychiatric," is characterized by a high degree of cooperation among all members of the team working with the patients and by the efforts made to satisfy the specific individual needs of each patient. Inherent in such a program is the necessity for each therapist to be aware of the needs of the patient and how to satisfy these needs through the utilization of the therapist's special techniques.

Before discussing the occupational therapist's role in such a program, a brief description of the aims of the program and the type of patient being worked with seems appropriate. The orthopsychiatric group was formed to allow the patient to develop his potential and to acquire self-satisfaction and recognition on the basis of his capabilities. The approach used is in contrast to that of the total push concept; it is planned and conducted on the basis of "pull therapy" where a "big brother" attitude of friendship and calmness is strongly emphasized. Demonstration, leadership and encouragement are the methods of motivation utilized to give the patient the feeling of belonging and to increase his self-confidence and self-esteem. In the orthopsychiatric treatment program,[2] patients are led rather than directed into activities, and the pace and choice of activity are determined solely by the patient's individual needs and interests.

The patients for the orthopsychiatric program were selected from the total hospital population on the basis of their meeting certain criteria: no patient was to be over 45 years of age or to have more than minimal organic brain damage; tension or anxiety signs were to be present, and there was to be some degree of rehabilitative potential; neither a paranoid component nor intellectual impoverishment were to be present in the extreme; patients were not to have responded to classical treatment techniques and were to be experiencing great difficulty in social adjustment; none was to be on full privileges.

The group at present has been increased from the original 20 patients to 43 patients. All reside on one ward known as the orthopsychiatric ward. They range in age from 24 to 43 years with a median age of 33.2. The length of current hospitalization ranges from one to fourteen years with a median of 3.5 years. Many of the patients in the group have had previous hospitalizations, but the figures used here refer only to the time each patient has spent during the present admission to this hospital. The diagnoses of patients in this pilot treatment group are as follows: schizophrenic reaction—catatonic 15, undifferentiated 9, hebephrenic 8, paranoid 6, unclassified 5.

The over-all planning and consultant service for this program is provided by one psychiatrist, one physician, one clinical psychologist and one psychiatric social worker. They hold weekly meetings with all members of the orthopsychiatric team for the purposes of discussing each patient's case, formulating plans and making recommenda-

1. From the Veterans Administration Hospital, Knoxville, Iowa. The authors wish to express thanks to W. O. Regnier, M.D., and G. D. Frye, O.T.R., for their advice and assistance in the preparation of this manuscript.

tions as to his treatment program. As the treatment progresses, periodic changes in plans are made.

The treatment team consists of four male psychiatric aides and one male nurse, who work exclusively with the orthopsychiatric group, and personnel in occupational therapy, corrective therapy, manual arts therapy and areas of special service including music therapy and sports therapy. The chaplain and clinical psychologist each conduct group therapy once a week.

The occupational therapy clinic for this treatment program has been planned to give each patient an opportunity to gain recognition and acceptance as a result of his achievements. Moreover, each is afforded the opportunity to manipulate his environment through free choice of occupational therapy activities as well as handling the occupational therapy material. Every effort has been made to increase the patient's self-confidence by developing his aptitudes and abilities, thus encouraging his feeling of importance for what he is rather than what others may have wanted him to be. The patient is given increasing responsibility as quickly as he seems capable of coping with it. In addition, the staff has recognized the importance of the patient's opportunity in this clinic for developing a relationship with the female therapist as his time spent in occupational therapy is his only consistent contact with a woman.

To satisfy these needs of the patient, the therapist began assembling materials and projects varying in scope from the simplest to the more intricate modalities. These activities were planned, prepared and accessible when the orthopsychiatric group first came to the clinic. For the first few sessions the group came inside the door and stood in an aimless and dejected fashion. Many times the therapist has wished a picture had been taken of them at that point and another as they appear today, for now they are more interested, alert and active.

Of course, the first step with these patients as with all patients was the establishment of good rapport, giving to each the certainty that he had entered an area where friendship and support at all times prevailed. The therapist approached each patient, called him by name and with hand extended told him her name, then invited him to come into the room and look around, thus emphasizing each patient's individuality and importance. If the greeting was ignored she passed on to the next. Gradually a few came further into the room and watched as the therapist started using simple felt stamping designs and poster paint on black x-ray paper in an attempt to pull them into activity in which they would be assured of success. As a patient indicated interest he was asked if he would like to make a design of his own. Several periods later many had entered into this activity and gone on to spatter, string and finger painting. As the patients became comfortable and assured in this environment, they began looking for and accepting more difficult tasks such as fraying edges on material for lunch mats and stenciling designs on them with crayons. Most of these mats the patients willingly wrapped for mailing home. Thus through their occupational therapy activities, which permitted them to make gifts of their own handwork, the patients acquired pride of achievement leading to greater self-confidence and self-respect.

In the clinic there has been no restricted area. The cabinets and their contents have been placed at the disposal of all the patients, permitting them free access to the tools and supplies. Much time and thought have been given to providing examples of a wide variety of projects and materials for each patients' examination and use. The objective here was to allow each patient free choice of the activity he desired, thus giving him an experience in exerting some control of his environment and allowing him to feel that no pressure or push was being exerted on him or the group. Every effort was made, however, to let him know he could obtain assistance whenever he needed and reached out for it. In planning these activities every attempt was made to have the projects as meaningful as possible to the patients. For example, one product could be for his own use, for a friend or a relative, thus providing a reason for the choice of the activity. Recognition and a pat on the back followed when a patient accomplished something which to him seemed to represent a big achievement.

Following is a list of some of the modalities placed at the disposal of the group: looper mats, bead mats, cord knotting, looms (both floor and table), leather craft, basketry, ceramics, painting as a form of art, wood crafts (power tools, etc.) A piano was acquired for two of the patients who had indicated an interest in playing on one. Though available, many months passed before the piano was noted by any patient, but upon the assignment of a hyperactive individual to the group his first request upon entering the clinic was, "May I play on the piano?" When assured it was for the use of anyone wishing to play, he strummed on it the entire period and several following ones. Through its use he became accustomed to the environment and gained the feeling of safety in his surroundings and now shows no further interest in the piano. Since that period he has kept actively engaged in producing articles which he designates for his wife and children of whom he often speaks with affection.

Most of these patients are individualistic in their selection of activities and are positive about

what they like and what they do not like to do. Some are not willing to put their hands in anything messy such as finger paints or clay. The majority in the group have sent their completed projects home for use by their families, and this has been encouraged by personnel where it seemed wise to do so. However others have liked making things for their personal use or self-adornment. A few as yet have not wanted the articles either for themselves or for sending to others. This reluctance, in time, in most cases has diminished, and the patients have become more willing to accept the articles both for themselves and to send to others. One patient in this category comes to mind who consistently refused his products for himself or for others. He had woven a very attractive throw rug which hung on display for several months following its completion while he refused to send it to his invalid mother. Visitors coming into the room always expressed admiration for it, and after one of these expressions of praise, the therapist asked the patient to reconsider sending it home since it was so admired by all who saw it. The patient then consented to wrapping it for mailing home. On the same day he started carrying a wallet which he had completed over a year previously.

The following description of a specific case illustrates progress in the program. Patient is a 36-year-old, white, male veteran, admitted to the hospital in April, 1945, and diagnosed as "schizophrenic, unclassified." Approximately six months following his induction into the Army he became ill. During the course of his illness he has been mentally confused, extremely nervous, incapable of remaining still, slept poorly and been unable to give a satisfactory account of his trip home from California following his discharge from the service. He has had a history of hallucinations during which he laughed inappropriately, talked incoherently and pounded on the chair arms and the walls. Long series of electroconvulsive treatments were administered, but no positive results are noted. For several months following his admission in March, 1954, into the orthopsychiatric group, he continued to be extremely nervous, agitated and over-productive in an untidy and inappropriate manner. He was given, upon his request, paints, crayons and paper, but the results were very poor. As an individual he was agreeable and polite, but his attention to directions was nil. In his appearance and in his work he put forth no effort toward neatness or cleanliness. His clothes were always sloppy and dirty. He continually twisted the buttons from his shirt and removed and twisted his belt.

Gradually a change was noted in the patient. He became more quiet and attentive to instructions and to his surroundings and started taking some interest in his personal appearance. His first improvement in occupational therapy was seen when he wove a satisfactory rug on a two-harness loom, then expressed a wish to weave another. His attention and contact seemed so improved by this time it was possible by encouragement and praise to lead him into making the second rug firmer and more closely woven. Following this activity he again requested paints. These were furnished him, and he made a copy of a sunset scene. It was a neat picture quite in contrast with his former over-productive, unmeaningful colorings. Clay as a medium, using press molds, was then suggested. He accepted this activity and completed the process with gratifying results. After making several of these projects he requested molds for ceramic plaques. These plaques exhibited careful coloring and good workmanship and were put on display. The patient then asked to weave another rug. This wish was granted, and he was advanced to a four-harness pattern loom. He has made satisfactory progress in terms of effort, attention and increased ability to follow directions, demonstrating that through his contacts and activities in occupational therapy he has acquired self-assurance and self-respect that had previously not been evident. A current report on this patient from other areas of the orthopsychiatric treatment program has been very encouraging. Everyone in contact with him has expressed the feeling that his improvement is indicative of the rich potentialities of this type of program.

The response of the total group to this occupational therapy clinic has been positive enough to warrant greater efforts in the same general direction. At present it may be stated that the majority of the patients involved appear more alert and responsive to environmental demands, more expressive and communicative in terms of their own needs and more constructive and adaptable in their clinical behavior. Such positive features had not been observed in these patients prior to their admission to the orthopsychiatric treatment program.

REFERENCES

1. Fidler, Gail S., & Fidler, J. W. *Introduction to Psychiatric Occupational Therapy.* New York: Macmillan, 1954.
2. Regnier, W. O., & Krugman, A. D., "An Orthopsychiatric Treatment Program." *V. A. Program Guide*, 1955, G-5, M-2, Part X, 33-38.
3. Willard, Helen S., & Spackman, Clare S. (Eds.) *Principles of Occupational Therapy.* (2nd Ed.) Philadelphia: Lippincott, 1954.

The University of Minnesota, in conjunction with the Elizabeth Kenny Institute, will present a continuation course in physical medicine for specialists at the Center for Continuation Study from December 6 to 8, 1956. Therapeutic exercise in rehabilitation will be stressed.

OCCUPATIONAL THERAPY FOR BLIND PATIENTS

DOROTHY D. ROUSE, O.T.R.
KATHERN F. GRUBER[1]
C. W. BLEDSOE[2]

Occupational therapy for the blinded patient* must be considered in a specialized category such as that for the amputee or paraplegic. The realization of the experiences through which a patient is passing in any major deprivation requires a temperamental aptitude for dealing with difficulties inherent in such situations. Thus the educational background of the qualified occupational therapist is particularly important. In addition, certain basic standards have been developed in relation to blindness which should be constantly reviewed and studied.

It should be kept in mind that there is only one factor which is common to all blind people, namely, the practical difficulty of not being able to see. This is, on the one hand, a great impediment to all kinds of action, and on the other hand, psychologically, a reality of the negative kind which tends to drown out awareness of other realities in the patient's life. However, there may be as many reactions to blindness as there are to any other situation with which a human being may be confronted. It is important to realize that these reactions are almost as many and different as there are blind patients. For this reason, it is all-important to consider individual motivation in planning the therapeutic activity of any blind individual.

There has been a great change in the classical concept of "arts and crafts" for the blind. It was once thought that there were a few special (and rather limited) skills particularly suited to the blind. Actually, those activities which pioneers in the field selected were found almost by chance and determined to some extent by the tastes and personalities of the pioneers initiating them. What is required in a program of activities for blind people is a habit of mind which continuously sees ways of adapting ever new activities to performance without sight. It is not to be supposed that this phase of a therapist's work is at all easy. The temptation to develop and cling to a *status quo* is very great.

It is essential that the therapist remain aware of the realities of the situation. In the therapist's learning process, blindfolding of the therapist is all important. This practice is sometimes criticized by blind people themselves who say, "The seeing person cannot possibly know by this means what it is like to be blind." Nevertheless, blindfolding has been considered an indispensable training measure by many leaders in the field who have been truly creative and imaginative, including the Seeing Eye group at Morristown, New Jersey; Dr. Samuel Howe, the founder of Perkins Institution; Mrs. Winifred Holt, founder of the Lighthouses for the Blind; and Dr. R. E. Hoover, who developed the Hoover cane technique presently used in the Veterans Administration program for the blind. The blindfolded individual's inability to see is temporary, but to the blinded the inability to see is constant. The occupational therapist's ability to function with sight cut off should not be used to build up any prestige with the patient, but should be used only as one of her learning devices to provide a better understanding of certain physical handicaps of the blinded.

No list of activities should be given to the occupational therapist, but rather a concept of putting herself into the blind person's position and adapting her ingenuity to the situation. It is of some assistance to study classical ways of doing things without sight as they have developed, provided this is done for the purpose of noting methods and the type of short-cuts which others have devised. However, the therapist should be cautioned against giving in to the temptation to think that there are standard set programs, involving a number of therapeutic projects, which can be called *blind rehabilitation.*

In the whole area of devising ways of doing things without sight, most leaders in work for the blind feel that the surface has hardly been scratched, because blind people are so few that their numbers lack the mass testing potentiality the seeing world commands for itself with regard to each new invention and each new way of doing things. A blind person is in many ways isolated (as primitive man was) from accumulated improvement (by trial and error) not only of gadgets, but of ways of using them. The American Foundation for the Blind in New York has a project which consists simply of shopping from the standpoint of blind people, determining which new articles coming onto the mar-

*Special attention should be directed to the fact that it is customary to include among the blind the partially seeing who are within the following definition: Central visual acuity of 20/200 or less in the better eye, with corrective glasses, or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter subtends a distance no greater than 20°.

1. Assistant director of professional services, American Foundation for the Blind, New York, New York.
2. Chief of blind rehabilitation, Veterans Administration, Washington, D. C.

ket can be used by a blind person and which cannot. Findings are listed in "Aids for the Blind," a booklet now available from the American Foundation for the Blind. Careful perusal of such information would be helpful.

In addition to the capacity for putting himself into the position of others, the occupational therapist will find it necessary that he be even more patient than he is prepared to be in ordinary treatment situations. This is not because blind people are difficult as a group, but because blindness as a living condition is excessively frustrating despite well meant efforts to take an optimistic view of it. This frustration quite often passes over to the seeing people associated with blind ones. A serious hazard to a blind rehabilitation program is a tendency to underestimate the manner in which the feelings of sighted workers can complicate the entire problem.

Simple denial of the existence of these feelings is wholly futile, tends to dam up, and very often takes the form of disguised hostility toward blind people. Obviously resilient persons are indispensable, particularly those with unusual equipoise and a copious supply of energetic good feeling.

It is very important that there be areas of interest for the therapist apart from social problems and blindness, from which he may draw not only a refreshing point of view, but material with which to enrich the experience of blind people with whom he works. For them he is a source of a large amount of information.

In this connection it should be stated that the reputed suspiciousness of blind people is quite often attributable to the unreliability of information received. It is essential, therefore, that collecting information and observing functions be characterized by exactness and an aptitude for reporting accurately, since any carelessness with facts leads to much more serious consequences as the listener is not able to check what is going on about him with the use of his own eyes.

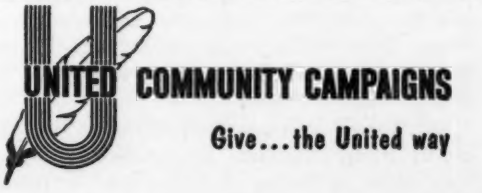
All blind patients (whether or not they are psychiatric patients) of necessity fumble a little more than most beginners. There is a great deal of waiting to be done by the therapist in the treatment situation. This waiting is quite often for periods which are not long enough to permit the therapist to go away and do something else, nor would this be desirable in any case, because the patient depends on the interest of his seeing mentor to keep him attentive. This "waiting" period should prove invaluable to the occupational therapist as it provides an opportunity for enriching his knowledge and skills with the blinded. Often the therapist learns more from the patient than he gives to him. It is very important to develop a way of letting the patient know that this interest is present without distracting him by conversation which requires too much of his attention. Nevertheless, some conversation is necessary. There is no substitute for attention on the part of the therapist to what the patient is doing, but this attention can contribute nothing unless it is itself audible once in a while.

The supposition that blind people "sense" a large number of facts by mysterious means should be carefully discounted. Blind people as a rule get their information by perfectly logical methods, for example by learning to interpret tone of voice, putting more reliance upon this than do the seeing who are able to notice the facial expressions of their interlocutors. Embarrassing mistakes are far more common than miraculous divinations. In this connection it is all important that the seeing person develop his special techniques for determining how the blind person is reacting. Here the expression of the eye (of the blind person) is no more helpful than is the expression of the eye of the seeing to the blind person. The seeing person must therefore carefully watch the mouth of the blind person, if it is an expressive mouth, as well as the tension or relaxation of the hands and feet, which are frequently indicative of various reactions. Most of all, however, the seeing person must leave as little to chance as possible by drawing out as much actual verbal reaction as can be accomplished without boring the blind person, or giving him the impression that his affairs and feeling are being probed.

It is realized that much of the above material is based largely on experience with the so-called normal blind individual who has his wits about him, and has general use of his body in a coordinated manner. Added psychiatric difficulties and limitations have obvious importance and should be carefully listed in any attempt to record the effects of a therapeutic process. However, all programs with seriously regressed blind patients, many of whom are psychotic, are experimental at the present time.

These observations do not suggest that what is done with blind patients might be reduced to any kind of formula. Rather, the demands of the situation of blindness require that the genius of common sense be observed and noted down whenever this is possible in order that assistance from other disciplines be harmonious.

A decade of good clinical notes regarding occupational therapy with blind patients would be a great assistance in understanding blindness.



A PRELIMINARY REPORT ON A STUDY IN GROUP OCCUPATIONAL THERAPY*

ARDEN NELSON, O.T.R.
DOROTHEA MACKENTHUN, O.T.R.
MARIANNE BLOESCH, O.T.R.
ALVERSA MILAN
MARGUERITE UNREIN, O.T.R.
KATHLEEN HILL

We believe that in most instances, the patient hospitalized for a mental illness has, under circumstances which he could not control, developed a pattern of living which is not compatible with the demands of life. Therefore before the patient can live normally outside a protected environment with comfort, these patterns must be changed and in some way he must be motivated to make these changes on his own volition and effort. Changes in three general areas are usually necessary. Dr. Greenwood of the Menninger Foundation, in a paper called "Some Psychiatric Aspects of Rehabilitation,"[1] states that re-establishment of the self-concept, formation of desirable inter-personal relationships, and attainment of satisfaction from object relationships are the three primary goals of all rehabilitation. Treatment in these areas seems to be particularly compatible with group occupational therapy. First of all the self-concept can be strengthened and clarified through patient interaction in the group situation in which reflections from the group will act as a mirror. Opportunities for the formation of interpersonal relationships, beginning with the one-to-one relation and continuing with the one-to-the-group and group-to-the-staff are thus available to the patient. With encouragement, the patient may begin at any level in experiencing new interpersonal contacts. The group situation also offers ways to emphasize interests, values, rights of others, and to encourage the feeling of satisfaction from object relationships. Interaction of the members of a group may be stimulated by teaching one another, sharing ideas, perhaps expressing themselves on group and outside issues, and cooperating to accomplish a realistic goal. Depending upon the structure, abstract subjects such as feelings and behavior may be brought into the discussions.

Physical medicine and rehabilitation then attempts to help the patient experience, perhaps for the first time, the satisfaction and reward that comes from meeting the demands of life and contributing a full share to the problems of day-to-day living.

At Winter Veterans Administration Hospital, use of group techniques in occupational therapy has varied according to the type of patients treated, goals and objectives set by the doctor, and certain physical and environmental factors. Patients functioning at similar levels are assigned to wards providing treatment according to their needs. Patients are scheduled in six clinics from areas of the hospital providing treatment for the following groups: disturbed male patients, those receiving insulin therapy, disturbed and chronic female patients, post-lobotomy patients, ill and infirm male patients, and patients requiring continued treatment. Treatment objectives for disturbed patients are based on reality emphasis and control, while continued treatment patients need a more subtle and less frightening approach to social rehabilitation. Goals for patients under intensive treatment must be flexible in order to meet their changing needs. The ideal set-up for group treatment must be modified to fit the limiting factors of physical environment and personnel. Enthusiasm and cooperation of the staff vitally affects this activity. These factors will be discussed in the following study which shows how structure and function of occupational therapy groups are adjusted to treatment goals.

GROUP OCCUPATIONAL THERAPY DISTURBED MALE PATIENTS (non-suicidal)

In the group approach to occupational therapy with disturbed patients both long term and acute, a firmly structured social climate is essential. This includes, briefly, seating arrangement, supervision in the use of tools, clearly organized patterns and direction guides, maintenance of acceptable level in the individuals' conduct and appearance. Since these are patients who have shown a need for the restrictions and limitations of closed wards, it is felt they have a need for the structure indicated above.

Patients are told that one of the main purposes of this type of program is to help them work together. They make projects for children or adults in the community or in the hospital who are less fortunate than themselves. Patients elect a president, vice-president and secretary and vote upon issues and projects in the weekly business meeting which includes the entire membership. However the agenda, seating and a chart indicat-

*Winter Veterans Administration Hospital, Topeka, Kansas.

ing whose turn it is to be on the refreshment committee are prepared for this meeting by the occupational therapist. Seating in a closed circle is necessary to prevent disintegration. Tables in the center prevent this closeness from becoming threatening to them. Twelve to fifteen patients who are to handle fairly complex work and social situations are together during one hour. Approximately seven patients who come at another hour need closer guidance and encouragement in their work and may utilize somewhat simpler patterns; a third period is open for patients who regularly need a great deal of individual direction.

Within this structure the disturbed patient can often feel comfortable enough to verbalize feelings in acceptable ways. He can begin to feel secure enough, through testing limits, to function on a more realistic level in group activity. And since more than half of these patients appear to have strong delusions, the approach to abstract subjects such as feelings and behavior can be group-oriented and handled impersonally. The room is arranged so that patients work together either in proximity, or actually by working on the same article, sharing the same tools, or by doing the same type of work. Often having a limited number of tools available will encourage borrowing from others. It is hoped that patients will become increasingly aware of other members of the group by hearing their names repeated, by needing their contribution, and by conversations related to the work at hand. Acceptance by the group can increase feelings of personal value by helping a patient relate to others. The self-esteem of an individual is usually strengthened through purposeful work and through his adoption of the group "ego." At the same time he is more easily influenced by group pressures to conform and to share responsibility. As patients reach and maintain these levels, they are transferred to different wards and their name cards are placed on the bulletin board as alumni members. Over an 18 month period 70 patients have been group members. Of these 12 are out of the hospital, 23 are on less secure wards, 15 have been discontinued, and there are 20 members at present (only one of whom was in the original group).

The occupational therapist who works with a group of disturbed patients provides a stabilizing influence on the environment in many ways. This is indicated to the patient when he first enters the clinic. He is given a name card, explanation of group membership and permission to work at a specific task. Sometimes this may be simply, "The group is making lawn chairs. This is the one you will be working on." The wording of the introduction will depend on whether the patient is confused, hostile, anxious or hyperactive. While acting in the role of a mother-figure to the group, the occupational therapist also tries to assure fulfillment of individual needs as prescribed by the doctor. The ward doctors attend the group meeting and in addition give direct counseling to occupational therapy personnel during two half hour weekly meetings at which time each patient's progress in relating to the group is reported. It is hoped that the directing role of the therapist will not antagonize the patients, therefore much of the directions are in written form or are suggested by placing the work and tools with the name card in advance, so that any further direction from the therapist is offered as a courtesy. Seating arrangements are the same every day except for moving a patient closer to the center of activity or separating those who do not get along. This has proved to be an excellent way to work with disturbed schizophrenic patients as it offers a technique of approach and control of the situation that does not involve the therapist in a direct relationship immediately. Other values become apparent as one sees the continual and necessary contacts between patients. Also the interest shown by the nursing assistants and doctors provides a focus of attention on the group.

GROUP OCCUPATIONAL THERAPY WITH INSULIN PATIENTS

Group occupational therapy with insulin patients has varied during the past year and has provided a means of making some observations which could be of benefit for future experiences with such patients. First of all these patients, in doing things together, have the opportunity of becoming more accustomed to a defined group of people, which in turn enables them to feel more comfortable around others. This is strengthened by the fact that they have an important element in common—they are all taking insulin. The patients seem to be very well aware of what goes on in this treatment.

The approach in group occupational therapy was on the basis of minimal structure, providing opportunity for those patients who are more capable, to present ideas and methods for use by the other patients. The occupational therapist remained the stabilizing influence but in such a way that it was not apparent to the patients.

The group first functioned on the basis of two and one-fourth hours spent daily in occupational therapy. Of this time, one hour weekly consisted of a group meeting which was attended by the ward physician. His presence assured the patients of his interest in their activities which thereby made the activity more important for them. However, after a few months it was determined that the patients were too tired after this long period and it was decided to have them at-

tend occupational therapy for one and one-half hours daily. With the shorter working period the general attention span was better and usually continued for the entire period which it had not done before.

Group projects were planned and built for various community organizations, giving the patients a worth-whileness in their activity and a common interest in the activity with which they were involved. A few weeks before Christmas there was a request from some of the patients that they be permitted to have time for individual work. This was arranged during their weekly meeting at which time they tried to function as a group in determining future plans and in presenting ideas for their main activity. It was therefore decided to have group work three days a week and the other two days were to be spent on individual work. It was noted that on the group project days the patients worked better together and the therapist was able to motivate patients more easily towards socialization than on the individual project days, at which time the patients were "lost" in their projects. At times they would require the assistance of the therapist but there was little opportunity for group interaction. For these reasons it is thought that the group project served a more therapeutic purpose than when the patients were occupied in their individual work. Also they had difficulty in selecting what they might do on an individual basis, whereas this presented little difficulty in group projects, since having a part in making group decisions was less threatening than making their own.

All insulin patients (with the exception of assaultive and suicidal cases) attended occupational therapy as a group, therefore, the number of the same individuals participating varied from time to time. Occasionally patients would terminate treatment and leave the group, then new ones would come in. As patients entered the group the purposes and goals of working together—opportunity for doing things for others, expressing ideas of interest to others, etc.—were presented by the therapist to the individual patient.

The total time from beginning to end of the insulin group was fourteen and one-half months involving sixty-five patients. The patients participated in the occupational therapy insulin group only during the period of insulin treatment. After this period they were changed to something else according to their state of adjustment. Since some patients were ready for a change shortly after the group started, the statistics reflect a shorter duration of patient participation than it would have if the group had started at the same time the patients started insulin treatment. As the program got under way and patients were in it during the entire period of time, the statistics show that the average period of attendance was four to five months. The disposition and present level of adjustment for patients who participated in the insulin group are as follows:

Trial visit	18
Discharged	10
In hospital—regressed or poor adjustment	12
In hospital—marginal adjustment	11
In hospital—moderate adjustment—above marginal	10
In hospital—good level of adjustment	4

It must be kept in mind that the above scale for adjustment of patients who are still in the hospital is on the basis of the therapist's judgment from material and information available. This is also presented from the standpoint of improvement or regression in comparison to patients in the hospital as a whole.

The occupational therapist spent forty minutes per week with the ward physician in discussing the patients and in receiving guidance in psychiatric group guidance. For the greater part of the time there were fourteen to eighteen patients in the group. The working area consisted of two large rooms, but efforts were made to contain the members in one of the rooms. This was difficult to do with a large group. With a group of eighteen it was found that frequently the slower and more regressed patients did not feel the opportunity to join in, there being too many patients who were considerably better and more active members. When the insulin therapy group was reduced to approximately ten patients, they were able to function more smoothly and there was more cohesiveness and interchange of ideas. Another factor of importance which was apparent when the group was smaller was that the more regressed patients could function on an improved level. This shows that when there was too great a variance of patient ability level, the slower patients did not benefit, although when exposed to patients of just a slightly higher level they were aided by these patients.

Patients were able for the most part to procure their work and decide the location of their activity. Some patients had the ability, with the therapist's assistance, to plan actual construction of projects. Through the guidance of the therapist, patients oftentimes helped each other, working closely and discussing what they were doing. The conclusion would be that when the group is not too large, group occupational therapy provides opportunities for the patients which are not available in the individual type of activity.

GROUP OCCUPATIONAL THERAPY WITH THE WOMEN'S SECTION

The group approach to occupational therapy on the women's section is somewhat unique in

that the members are first selected by having this activity prescribed by their ward physician; and then the ward doctor, group therapy leader, and the occupational therapist places them in one of three groups according to the patient's level of adjustment. This adjustment is in reference to the patient's ability to get along with others, sharing tools and ideas for a common goal. The composition of the group is not necessarily homogeneous from the standpoint of diagnosis. The patients are selected according to their ability to profit from the increased socialization afforded by the particular group structure.

In the group with the highest level of adjustment (they chose the name "Tinker Belles") the number of patients varies, but twelve has been found the best operating number. Those patients from open wards and better organized patients from closed wards attend this class which is a two-hour period five times a week. Out of this time there is an hour group therapy meeting twice a week in which the patients discuss problems relating to the group, for instance: why members cannot seem to get along with one another, why the project seems uninteresting, or why members are uninterested in it. A resident in psychiatry or psychology is the group therapy leader. The role of the occupational therapist during these meetings is rather passive and usually is limited to pointing out certain reality factors that must be considered in their planning. However, the group is encouraged to use initiative in acknowledging and pursuing these problems. There are no officers other than the secretary; a position at which the members take turns or volunteer. The group is encouraged to make all possible decisions, the group therapy leader acting as a stabilizer and doing the necessary clearing. The occupational therapist suggests possible projects when patients are at a loss. No group project is begun until it has been thoroughly discussed and accepted by a majority. This discussion takes place during the work periods unless there are undue complications, at which point the problem is referred to the group therapy meeting. The group project is adapted by the occupational therapist to suit the various abilities and likes and dislikes of the individual members. Patients are encouraged to exchange ideas and procedures. The individual prescription aim is carried out by the therapist's attitude toward the patient. The group is encouraged to plan and carry out other group activities such as picnics, parties or group singing. One class period a week is set aside for individual projects. Over a two-year period fifty-three patients have participated in this level of activity.

The Co-op group (middle level of adjustment) is similar in organization to the Tinker Belle group. With few exceptions, these patients are from closed wards. The group therapy discussions are usually centered around the common activity of the group and other concrete problems such as securing necessary materials, etc. However, the patients are exposed to the abstract problems of group politics and interpersonal relations. The group project is structured more than in the higher level group and more attention is given by the therapist to the individual's project-problems. Again the patients are encouraged to share ideas, helping one another with the various procedures. During eighteen months there have been forty-two patients work at this level of activity.

In the Busy Bee group (lower level adjustment) the general organization is as mentioned in the above groups. Diagnoses include lobotomy and long term treatment patients. Meetings are structured to meet, as far as possible, their immediate needs. The group project is structured to a greater extent with much encouragement of patients to socialize, to share ideas and tools, and to work toward the common goal. Over a period of seventeen months twenty-nine patients have worked at this level.

The group activity, group therapy meetings, and the group project are designed to foster group identification and to serve as the therapeutic vehicle to facilitate improvement among the individuals. In working toward a common goal, the patients tend to interact more frequently. The common goal encourages them to have an interest in mutual problems and activities. The patient's investment and integration into the group are factors indicative of her improvement.

GROUP OCCUPATIONAL THERAPY WITH POST LOBOTOMY PATIENTS

The group approach to post lobotomy patients is activity oriented. The occupational therapy personnel working with post lobotomy patients provide a stabilizing influence on the patient's environment which must be firmly structured in supervision of tools and equipment, in step by step presentation of patterns, in direct guidance toward retraining in acceptable behavior in the work situation, and in the social graces. Post lobotomy patients function at a rather low level and therefore it is thought that the stabilizing influence of a parental figure is part of the role of the occupational therapist. In varied activities with the group, individual emotional needs are given consideration. Since suppression and distraction are management devices for lobotomy patients, group organization and activity make it easier for the therapist to accomplish these goals. Other objectives of work with this group are to create a situation where patients can easily work together and become more aware of each other,

of staff members, of other departments in the hospital, and of organizations outside the hospital.

The activity selected should be simple enough to give them a feeling of accomplishment, but yet be on an adult level. Therefore, they must be helped to feel the desire to do an acceptable finished project. As they progress, patients are encouraged to use their own initiative. Patients are influenced by group pressures to conform and to share responsibilities, especially in preparation for group meetings (clean-up, placing napkins, pouring coffee, arranging furniture), to show concern for the needs of others and to help in making group decisions.

The group has been limited to twelve or thirteen. Since the treatment is one of retraining and much individual attention is necessary, the membership of this group is more stationary than other groups, and over a twelve-month period only twenty patients have been members. During this time three members have spent several months out of the hospital on trial visits and four have moved off the lobotomy ward. When the patient enters the clinic, the purpose of the group and its functions are explained in detail to aid in his awareness of others. The weekly group meetings are attended by the ward physician, occupational therapist and nursing assistants, who thus lend support as well as offer suggestions to the patient group leader to present to fellow members. The group elect their own officers, discuss present and future projects, and plan social activities concerned with the group activity.

The initial group meeting was attended by the ward doctor, occupational therapy personnel, and other staff members. The first project was initiated by the staff and presented to the patients. It was pointed out to them that through a group they could help each other do something for someone less fortunate than themselves and could gain a feeling of accomplishment and satisfaction.

GROUP OCCUPATIONAL THERAPY WITH MALE GERIATRIC PATIENTS

The primary purpose of forming an activity group of geriatric patients is to give them a feeling of worthiness by being useful. With this in mind, the occupational therapist plays an important role in the selection of projects which will not only bring the group gratification but will enable them to see an ultimate goal for the project. The physical and emotional limitations of these patients should be kept well in mind. The activity or project selected should be one that is appealing to this type of patient because of his previous background and intelligence. We have felt that woodworking has been particularly good for this group as it is more easily associated with their past hobbies and experiences, and gives them a more comfortable feeling since woodwork is usually thought of as a man's activity.

At the present time, there have been no group meetings and the patients thus far have been only activity oriented. Any socialization now is started by the occupational therapist, usually with the twelve patients sitting in a group around the table, sharing each others' working supplies.

Most of these men are long term patients and the occupational therapist, a female, tries to be a stabilizing influence on the patient's environment in a father-daughter relationship. New patients entering the group are introduced by one of the group members and briefed on the project and how they can best contribute. It probably would be desirable to have group meetings, since these patients need the support of the doctors, nurses and occupational therapy personnel as well as the feeling of warmth and friendliness in group organization. In such meetings, a situation could be created whereby these patients would become more aware of each other and other personnel within the hospital.

GROUP OCCUPATIONAL THERAPY WITH PATIENTS REQUIRING CONTINUED TREATMENT

Along with the general medical staff on the continued treatment section there is one occupational therapist and one occupational therapy assistant. When changes in personnel are made, there is always one carry-over staff member in the clinic to whom the group has previously been related. There are three groups assigned to occupational therapy from the continued treatment wards. The average size of each is fourteen patients. These groups come to the occupational therapy clinic once a day, five days a week, for approximately one hour to an hour and fifteen minutes per treatment period. Three days a week they work on a group project, and the remaining two days are spent on individual projects if the patients so desire. These patients come to the occupational therapy clinic by wards and are already generally grouped as to capabilities.

The general objectives for group therapy on the continued treatment wards are as follows:

1. Resocialization.
2. Development of higher mental and physical skills.
3. Development of a competitive attitude.

The procedure for employing the group method is as follows: The ward physician meets with his group and the occupational therapist. Under the guidance of these two, a group project is determined by the patients. The methods of procedure and the use of the finished project are determined. If the patients are unable to suggest possible projects, the doctor and therapist are on hand to lend suggestions.

(*Continued on page* 262)

NEW DEVICE FOR HEAD SUPPORT OF A HANDICAPPED CHILD*

DOROTHY GARNSEY, O.T.R.

The use of a new device for head support in children handicapped by weak muscles in the trunk and neck, has provided encouraging therapeutic results. The device, when used regularly in treatment, appears to improve head control and sitting balance and thereby free the arms and hands for purposeful activity. Some of the beneficial results are attributed to the child's eager response to the imaginative toylike appearance

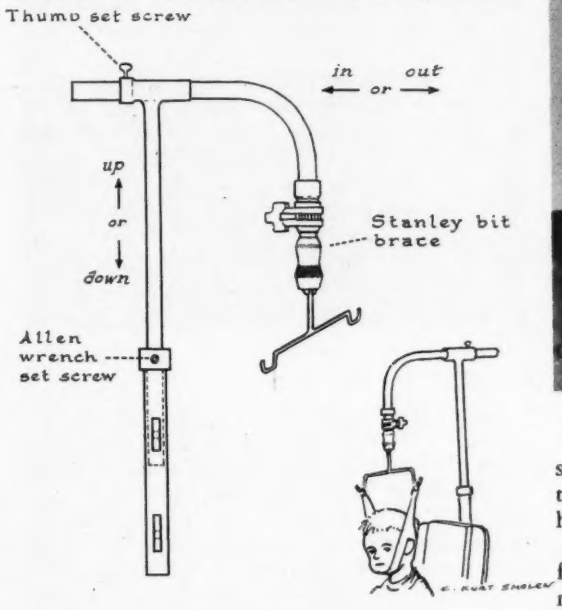


Fig. 1. Diagram of device for head support

of this device that was developed at the Cleveland Clinic. A similar device has been reported to have been successfully used at Miamonides Health Center and Garden Hospitals, San Francisco, California.[1]

DESCRIPTION

A chrome T-tube is attached to the back of the relaxation chair (Fig. 1). To one arm of the T-tube is fastened a chrome tube curved on a 90-degree angle, to which is attached a Stanley bit brace. A two-pronged hanger, made by welding a rod (¼ inch in diameter) at its midpoint to one end of another rod (½ inch in diameter), is inserted into the chuck of the bit brace. Two leather straps that hold the various head gear at the appropriate level are attached to the hanger.

The ratchet assembly of the device can be adjusted (1) to allow the head to turn freely from side to side, (2) to permit the head to turn only to one side or the other, or (3) to stabilize the head at midposition.

Fig. 2. Head support with cowboy hat

Three types of head gear have been used, a football helmet, a cowboy hat, and a bunny helmet. The football helmet is particularly effective when used for children with athetosis; it is strongly constructed and a neutral position of the head can be maintained even in the presence of involuntary motions. The football helmet provides excellent support for weak and spastic muscles. The cowboy hat (Fig. 2) offers less support to the muscles than does the football helmet, but often the child needs only this reminder to hold his head up. The bunny helmet is used for infants.

Any of the types of head gear described stabilizes the head and aids the therapist to work through a tonic neck reflex pattern.

REFERENCE

1. Dorinson, S. M., Markus, Mary, and McLaughlin, Patricia. "A Support for Teaching Head Control in Cerebral Palsy." *The Physical Therapy Review* 34: 168-170, April, 1954.

*From the department of physical therapy and rehabilitation, Cleveland Clinic Foundation, and the Frank E. Bunts Educational Institute, Cleveland, Ohio.

A WRITING DEVICE FOR THE SEVERELY HANDICAPPED

KATHERINE LASCELLE, O.T.R.

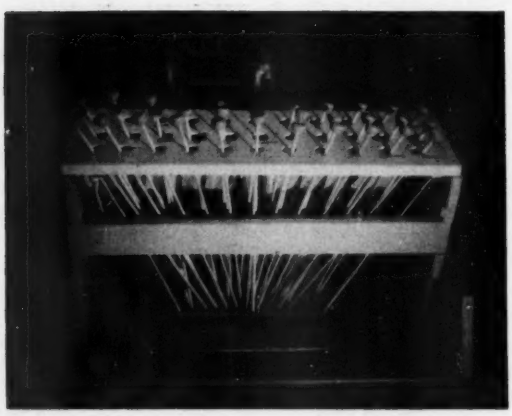


Figure 1. Punch Type Unit with Adjustable Frame

For the past year the occupational therapy department of the United Cerebral Palsy Center of Nassau County has been working and experimenting with a writing device that has proven itself valuable to severely handicapped patients. The device consists of an expanded keyboard applied to an electric typewriter.

The idea for the device grew out of the writer's experience in trying to construct an alphabet board for a severely involved athetoid patient. It seemed as though it would be only a few simple steps from an alphabet board on which the patient points to the letters, to a board plus typewriter on which the pointing activates typewriter keys.

Those simple steps proved unexpectedly difficult and the writing device which has been built is still somewhat crude. It is, however, very effective in use, and a description is offered in the hope that other therapists can use such a device, and in doing so, broaden its application and improve its mechanical performance.

DESCRIPTION

Only a few dimensions are given because most of the dimensions vary with each patient and each typewriter.

Figures 1 and 3 show a punch type unit. The elements of this unit and their arrangement comprise the essential features of all the models.

An expanded 'keyboard' with a hole for each symbol is placed at an appropriate height above the regular keyboard of an electric typewriter. Rods (¼-inch dowels) with knobs on top extend down through these holes, with the lower ends of the rods resting on the typewriter keys. A slight touch with the fist on a knob depresses a key below. The size and shape of the expanded keyboard and the length of the rods are determined by the sitting posture and arm use of the patient.

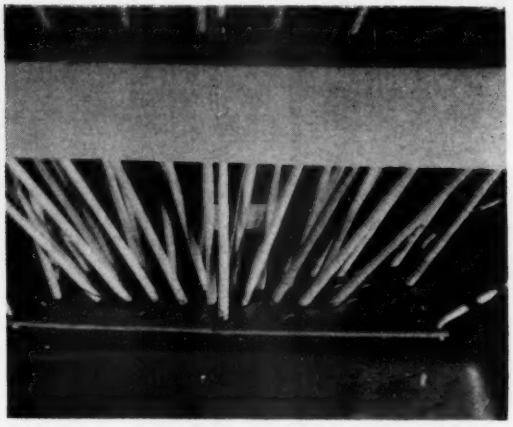


Figure 2. Rods tied in the guide plate which rests on metal shield.

Each rod is guided to its key by passing first through a ½-inch diameter hole in a wooden guide plate and then through the square opening of the metal shield furnished with the typewriter. The guide plate (⅛-inch plywood or presswood) rests on the shield when the device is in use, and is supported by the white cords attached to the corners when the device is moved.

The rods are tied with elastic cord into the holes in the guide plate (Figure 2). All except the shift-lock rod rest on the keys. The shift-lock rod must be tied up away from the key

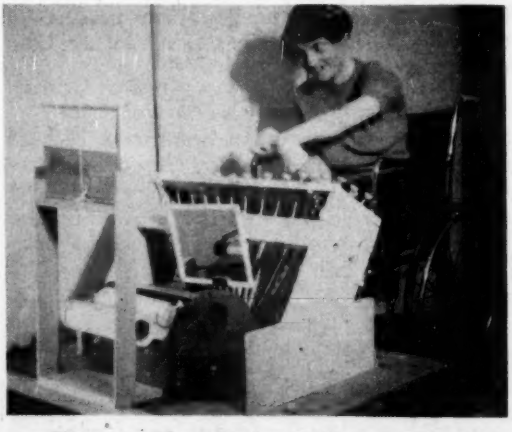


Figure 3. View Showing Position of Mirrors

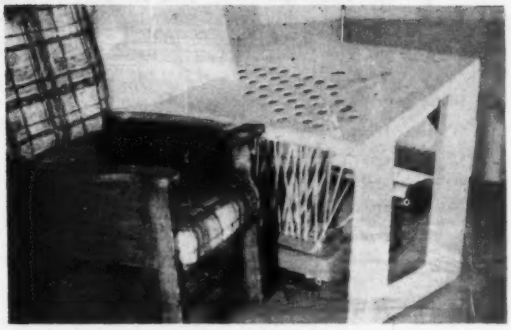


Figure 4. Unit with recessed knobs. The chair is attached to the frame.

because its weight prevents the shift-key from releasing the lock.

The typewriter may be separated from the rest of the device either by raising the guide plate and sliding the machine back, or by lifting the whole frame off the machine.

This expanded keyboard has holes for letters, period, comma and shift, shift-lock, back space and return action. This is a trial board for a young woman who is to have a home unit. The board on the home unit will be large enough to include holes for a question mark, dash and numbers.

In order for the typist to see what is written, an arrangement of mirrors can be set up as shown in Figures 1 and 3. These are 9" x 10" mirrors from the dime store. One mirror fastened to the back of the frame sends a reflection of the striking surface of the platen up to a mirror supported opposite the patient's eyes. This is not very satisfactory because the image that reaches the eye is so small. Large type on the typewriter helps, but does not solve this problem.

The problem of enabling patients to turn the machine on and off has not arisen. All the persons who have used the device are so handicapped that someone must be on hand anyway to position them.

The use of a roll of bond shelf paper on a home made holder eliminates the inserting and removing of sheets. A manufactured holder with suitable paper can be purchased as an extra on some typewriters.*

This basic writing device has been adapted in several ways. Two variations are illustrated in Figures 4 and 5.

Figure 4 shows a unit on which the knobs are recessed to protect them from involuntary motion. The knobs and rods are steadied by a sheet of ¼-inch plywood mounted just under the 1-inch pine keyboard. In order to minimize the overall effect of involuntary motion on this particular unit, side guards have been added to the keyboard and the frame has been fastened to the patient's chair.

Figure 5 shows a punch type keyboard mounted on the frame shown in Figure 1. This frame was made for the original unit and is constructed with removable bolts. The sides can be raised or lowered, the angle of side and base can be changed, and the keyboard is removable.

The keyboard in Figure 5 is designed for a small boy whose reach and coordination limit him to the use of a few keys. There are knobs for dot, dash, slant, and return keys, permitting him to use the Morse code. A good deal of experimenting was necessary in order to find the proper height and location for the knobs. As there is still an unsolved posture problem with this patient, a permanent frame and board have not yet been made for him.

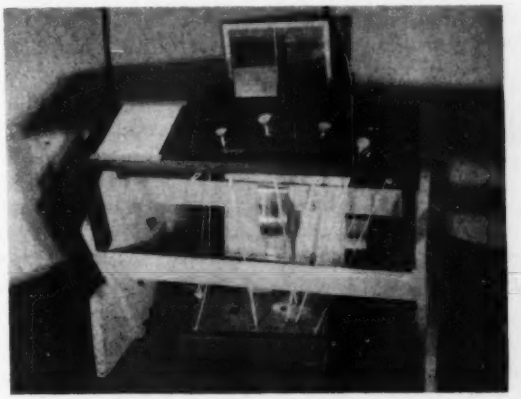


Figure 5. Keyboard for Morse Code

DISCUSSION

As the description shows, each unit is required to meet first the physical limitations of the patient, not only those of hand and arm use, but also of sitting posture. The second basic requirement is that of fitting into a home situation. The home unit must look well, be easy to care for, and have any necessary positioning equipment securely built in.

Each completed unit thus represents the expense of an electric typewriter plus a great deal of work. The justification for this investment by the family and the occupational therapy department is found in the meaning the device has for the patient.

It has been used so far with patients for whom self-expression is severely limited. It offers these patients the only possible way for them to write. Where speech is not possible or is inadequate, writing is the only way for them to give full and accurate expression to their thoughts. In the matter of school work, the device enables an inarticulate child to give back knowledge that he has taken in and organized in his mind, a very important step in the learning process.

*IBM has recently made such an item available.

The movement required to operate the device is simple and requires very little strength, a pressure of two ounces or less. The motion is tied in with self-expression and this provides a continuing source of motivation for overcoming motor limitations. There is some evidence that the experience with writing has stimulated interest in other areas of hand activity.

More important than these general considerations is the specific meaning which the device has for each patient, and that is what must guide the therapist in undertaking a writing project. The cases of the three persons who use the units shown will illustrate this. They are all severely handicapped persons with good mentality who are strongly motivated to help themselves in any way possible.

The young woman in Figure 3 is a tension athetoid with understandable speech, an alert, sociable person who wants to make contacts in the world outside her home. She was taught to use a regular typewriter by her home teacher at the age of fifteen, and for five years thereafter, typing was the only thing she could do with her hands.

At the time she tried out the writing device, six years after she had started to type, she was averaging four strokes a minute on her own typewriter. In her first trials on the device she averaged twelve strokes a minute. These twelve strokes are not vocationally significant (much as she or we might like to think them so) but in terms of her way of life—homebound and physically dependent—their importance becomes very great.

She works with arm outstretched and wrist flexed, striking the knobs with her fist. This simple motion takes advantage of her relatively good shoulder control.

The girl who uses the model in Figure 4 is a bright, sensitive adolescent, a non-tension athetoid whose speech is very limited in quantity and understandable only by those accustomed to hearing her. In spite of her inability to express herself, she has wanted to become a writer. The quality of her personality is such that this appears to be an appropriate avocational goal.

Until recently there has seemed no possibility that she would ever put words on paper independently. She was never able to do anything with her hands until she tried the writing device. As might be expected, the effect of years of disbelief in her hands was not to be overcome readily. She has persevered for six months, encountering first inner discouragement and then outer difficulties created by bracing and medication. During this time she has been practicing about a half an hour a week, and her average of correct strokes out of each session's total is 49%. On occasion she has done as well as 78%. This kind of progress is worth the effort when it is viewed beside the alternative of a life of "sitting on her hands."

Another development in regard to this girl is worth noting. She has recently asked about using her hands for eating, although last year (before beginning writing) she went through three months' of intensive feeding work on mastication and straw drinking without once indicating any interest in the use of her hands.

The unit in Figure 5 is used by an eight-year-old boy, a tension athetoid with, at present, only the rudiments of speech. His hands and arms have been completely useless. He is responding excellently to his first regular school attendance, and is painfully eager to learn. At present he "writes" in Morse code. His teacher uses code in his class work and he types words in code for his notebook. He will undoubtedly grow into a larger board as the coming years give him longer arms and longer body. How soon he can master a regular keyboard is uncertain because of the severity of his handicap. In the meantime, whether he develops speech or not, he will not be wholly incapable of expressing himself clearly.

It is important to note the concrete results obtained by the persons described. At twelve strokes per minute it would take just seven minutes to type this sentence. To be able to type less than half of all strokes correctly is a small reward for six months' work. And it isn't convenient to write — —|— . — —|— .|. —|— —|.|. .| . . . | . — — .|.|—|.|. — .| in order to say "My name is Peter."

These results say rather soberly that the present device does not bestow self-expression as a gift, and does not provide an easy and convenient way to typewrite. What it does offer to some persons, is an effective means by which they can struggle and sweat their way toward vital goals hitherto considered impossible of attainment.

A Preliminary Report . . .

(*Continued from page 258*)

Following this discussion a patient group leader is appointed by the doctor, volunteers or is elected by the group. The functions of this leader vary depending on the complexity of the project. He works with the occupational therapist as the spokesman for the group. In contacting outside agencies, he restates to the group whatever communications are designated by the therapist. In group discussions there are periods in which patient participation varies according to the effects of current drug treatment. Sometimes these patients will require a great deal of motivation from the doctor and the occupational therapist. At another time the same group will need very

(*Continued on page 263*)

FACIAL SPLINT FOR BELL'S PALSY

JOAN G. JENNERJOHN, O.T.R.

This splint is requested by the physician early in the treatment of a facial paralysis. Contractures tend to develop in the normal muscles of the face unless the affected side is maintained in good position. Metal and adhesive tape splints have been known to irritate the epidermis and mucous membrane. This splint of pliable plastic has no rough edges. It may be worn at all times except when the patient brushes his teeth. Materials are inexpensive and easily obtained.

Materials:

9 inch section of IV tubing
8½ inch section of 22 gauge stainless steel welding rod
Small quantity of dental wax or cork.

Procedure: The steel rod is cleaned and inserted into the IV tubing. This rod can be bent by hand and maintains its shape well. One end of the splint will be inserted into the mouth on the affected side. A temporary cotton plug will prevent moisture from collecting in the tube during the fitting process before the tube is permanently sealed.

One inch of the splint enters the corner of the mouth and lies against the interior wall of the cheek parallel to the upper molars. A fifty degree angle is bent at this point (an inch from the end) and the rest of the splint is shaped to follow the contour of the cheek, rounding into a 120 degree angle over the zygomatic arch. The end hooks comfortably over the ear.

When the fitting is completed, both ends are plugged one-fourth inch deep with a small amount of softened dental wax. This is rounded and overlapped like a cap so that the ends are smooth and air tight. A slightly tapered piece of cork fitted tightly into the ends can also be used.

Special Adjustments: By tightening the splint around the ear, the upward pull on the mouth may be increased. If the patient wears glasses, fit the splint over the tempo. The splint should follow the contour of the cheek, avoiding folds in the skin and excessive pressure at any point.

---

little motivation. Frequently the doctor and therapist caution the patients on a reality plane to assure positive results, rather than let them attempt something beyond their comprehension, or something on which the occupational therapist would do most of the constructive work to get the project completed.

Over a fifteen-month period one hundred and four patients participated in group activities. Of these thirteen are out of the hospital, twelve are assigned to advanced activities in physical medicine rehabilitation, twenty-three are making a good ward level adjustment, thirty-one are current group members, and twenty-five have been discontinued. This group therapy method provides an opportunity for attaining some of the social values necessary in the rehabilitation of these patients. Through group activities there is an effort to develop a feeling of belonging, self-confidence, awareness of others, and an opportunity to exchange ideas. A desire is stimulated within the patient to do his best so that his part of the project will not fall below par in comparison with the work of other patients. Through group activities an opportunity is given the patient to accomplish goals which are not emphasized as much in individual activities.

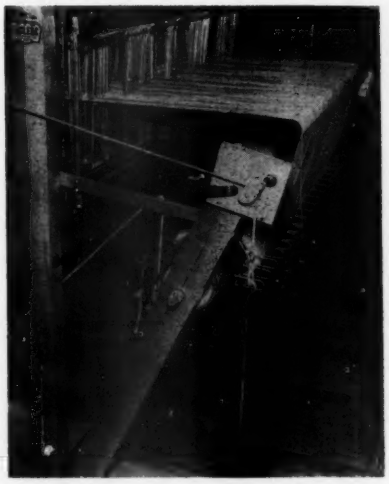
EVALUATION

One of the basic manifestations of mental illness is the inability to maintain an adequate adjustment with others. This maladjustment is traumatic to the patient's feelings, therefore he tries to avoid this pain by trying to live without feelings. He either runs from them or fights them, therefore he refuses to develop and ma-

(*Continued on page* 271)

Picture Page*

Crock Frames on ball bearing coaster wheels hold crocks used in ceramics section to facilitate moving, handling and cleaning surrounding floor area.



Loom Resistance Pulley can be changed from warp beam to cloth beam with great ease; no need to drill holes in looms or otherwise alter them. Pulley is simply bolted to a small piece of plywood which can be attached anywhere on loom or other equipment where resistance is desirable. Weight holder and weights shown are available ats J. A. Preston Corp., 175 Fifth Avenue, New York 10, N. Y.

Arm Rests for potter's wheel are made of rubber covered with horsehide and fastened to wooden frame. Slots in wood fit snugly over the curve of the wheel sides.

Tractor Seat Drop Bolt. Treadle sanders usually have thumb screw holding the seat to the bar. These work loose or develop worn threads and become very dangerous, for the seat may slip off accidentally. If a hole is placed in the center of the seat and several holes bored in the bar, the seat can be adjusted quickly and with little effort. The seat becomes perfectly safe when the bolt is dropped through the hole in the tractor seat and through the bar. Sponge rubber cushion added for comfort.

*Pictures from Valley Forge Army Hospital, Phoenixville, Pennsylvania.

NATIONALLY SPEAKING

From the President

When this issue of AJOT reaches you the 39th annual conference of the American Occupational Therapy Association will have convened. As a professional group, we will be looking toward and planning for, our 40th year of productive existence.

The theme of this year's conference, "A Time for Reflection," is most apt in view of the age of the association. The approach of our professional forties is certainly an appropriate and sensible time to evaluate our purpose, our accomplishments, our failures, and the direction in which we are moving. This is something we must do individually as well as collectively, since only through well oriented individuals can we reach valid group conclusions and thereby establish balanced, sound objectives.

Our purpose has gathered momentum through the years and we have never deviated from it. It is to insure the scientific, effective and progressive application of our knowledge, techniques and methods in the area of our patient treatment responsibility at a level commensurate with the advances constantly being made in the field of medicine. It has been an unending effort, but our results to date have been quite good and the effort worthwhile.

As committee members and as contributing individuals, we have participated in continuous studies to verify and improve our educational pattern and methods, to improve our student selection criteria, and to stabilize our certification instrument. We have, through our professional journal, our annual conferences and institutes, made available to each other new developments in our field. We have by our early realization of the necessity for well prepared teachers, "clinicians" and administrators, encouraged long and short term graduate study in keeping with the demands of the many types of jobs to be done. We have maintained a variety of services in our national headquarters, including publication of this journal, so that we could correlate information, help meet individual professional needs and contribute to the health field when the occasion warranted.

We have made errors, yes, and we will make more. We are far from perfect. There are many gaps to be filled and much to be done. Our present activities, however, indicate that we are not living in a dream world, that we are not smug and self-satisfied, but that we appreciate the need for continued thoughtful effort if we are to be able to function on the only level of professional effectiveness acceptable to us.

We are in the midst of a period of intensive analysis of our treatment and educational procedures. This analysis has been made possible by the support, interest and subsidy of many agencies and organizations as well as by our own time, thought, work and money. It has begun to show results.

I recommend to your attention the first findings of the clinical procedures committee, "The Objectives of Occupational Therapy"; the proceedings of the institute, "A Reassessment of Professional Education and Practice in Occupational Therapy as Related to Rehabilitation"; the two manuals published on occupational therapy in general medicine and surgery; one published under the auspices of the Illinois Association, one under that of AOTA; the reports of our standing and special committees, of our executive director and educational secretary. They show quite clearly a maturing approach to the many problems that face us and a considered approach to their solution. If you read thoughtfully, you cannot but note our professional growth and the areas where a great deal more effort is indicated.

Before the close of 1956, six more institutes will have met and their findings will be in preparation for publication. They are, as you know, the four regional institutes sponsored by the Office of Vocational Rehabilitation, the institute made possible by the National Institute of Mental Health, and our 1956 institute, "What Constitutes Treatment." The findings and recommendations of these institutes will serve as springboards to our future. It is hoped that our 1957 institute will be the culmination of these efforts and that as a group, we can correlate this material into a good solid segment of our working plan for the future.

In five years, if we continue with our group purpose clear before us, if we as individuals observe, weigh, record (and even publish) the what, the why, the how and the results of our work, we should begin to reap a bountiful harvest. Again let us remember that the result rests with us.

Let us take time to reflect so that as individuals with a common interest, we can together plan a wise and useful course through our middle years. They will be the most important ones in our professional growth and effectiveness.

Ruth A. Robinson, Major, AMSC (OT)
President

From the Assistant to the Executive Director

In the August Newsletter a new schedule for billing with an explanation for its reason was published. Included was a list of membership classifications and services. Because of the existing confusion which has been brought to our attention by the many enquiries received in the national office relative to the differentiation between registration and membership, it was pointed out that one was independent of the other, and that both should be maintained by the annual payment of dues. This year the deadline for the receipts of payment of dues has been advanced to November 16 in order to insure a more rapid processing of your payments which will further enable us to publish the Yearbook earlier in the year. However, we feel that the cursory mention of this in the Newsletter was inadequate and we wish to take this opportunity to explain in more detail not only the advantages of membership in the AOTA but also the organization of and the work done by your national association and national office that needs your support as a member.

The AOTA has grown in stature and has expanded its activity in the past few years at a tempo that has necessitated many changes within its internal structure. The sharp need for publicity and recruitment has been aided by the intensive effort made by state associations, individual therapists and particularly by funds granted by the National Foundation for Infantile Paralysis since 1953. We have appointed a new public information and recruitment director who stands ready to assist in this work. Nevertheless the results are not commensurate with the effort put forth and there still exists a need for 8,000 therapists by 1958 with job opportunities at 12,000. Scholarships, exclusive of those offered by individual schools have aided less than 5% of the total enrollment of approximately 2,000 students nationwide. With an attrition of approximately 10% of the total supply, the need for personnel in the field is desperate.

In the educational field great effort has been put forth to produce manuals and materials for the development, improvement and standardization of educational programs in clinical centers and schools. Essentials for a graduate study course (master's degree program) with a statement relative to the need for graduate study in the profession has been formulated. The constant refinement, analysis and revision of the registration examination has resulted in the promotion of professional standards of education and practice. The educational secretary is at the service of members wishing guidance and advice in all educational matters.

The national office has grown to three times its original size and in addition to the routine function it fulfills, it acts as a facilitating medium with reference to committee activities, state association programs and grant projects. Highest priority in the national office are membership services which include many facets. Among these are the maintenance of membership and registration records; conducting a job information service; publication of the Newsletter, Journal and Yearbook; bookloan; assisting with the annual conference and institute; cooperating with the American Hospital Association relative to conducting the annual institute for O.T.R.'s; maintaining an advisory and information service for individual members; and the disseminating of general information and literature pertinent to professional activity. The national office also maintains liaison with the House of Delegates and affords a direct advisory and information service to state and regional associations. Interprofessional relationships and contact with allied organizations and the medical advisory council is also maintained through the national office with the help of individual members through attendance at meetings, exhibits, literature and correspondence.

In order to maintain a high degree of efficiency and to be of the maximum service it is of utmost importance that the roster of the membership in the AOTA be increased. In 1951 there were 93 registered practicing occupational therapists who were not members; in 1955 this number increased to 387; and in 1956 the total count in this group is 876. There are 769 registered therapists in the country who are not employed and who are not members of the AOTA. The increase in the total membership since 1955 has only been 283 although approximately 500 new graduates have become registered. This is a serious discrepancy. Membership, which is independent of registration in the AOTA, holds many advantages for the registered therapist. By joining the national association a member becomes eligible to join the state association. It is only through the state association that a registered occupational therapist can have an active voice in helping to form and direct the policies of the association that represents you and your profession. You and your local organization are represented by your delegate who brings your word to the House of Delegates when it meets.

Registration, on the other hand, is the indication of your professional status and signifies that you have attained certification to practice as an O.T.R. Active participation and ability to keep abreast with current practices essential to a performance of high standard can only be achieved through both *membership* and *registration*. Mem-

bership dues and registration fees should be paid annually. If registration is not maintained by the annual payment of the registration fee, arrears must be paid for each lapsed year in order to have the current registration recorded. If five years elapse without maintenance of registration, it becomes necessary to rewrite the registration examination. With the rapid growth and expanded program of the AOTA, which trebled our budget, the Board of Management in April, 1955, requested that each state delegate discuss the financial problems of the national association with his local organization. Replies were received from 29 associations, 28 of which favored increasing the registration fee from $5.00 to $8.00. All members were then apprised through the Newsletter of this matter and invited to express their opinions. Only one member replied. Therefore, as a result of the state votes, the registration fee was increased to $8.00 in 1956.

The registration fee does not include a subscription to the Journal. This is a membership benefit and is included in all but one category. The classification of memberships in AOTA are:

Active—$10.00. Those who are registered therapists in good standing. This includes a subscription to the American Journal of Occupational Therapy, the Newsletter and all services.

Sustaining—$12.00. Those eligible for other types of membership but whose interest in the objectives of the association prompts them to make a larger contribution.

Associate Subscriber—$10.00. Those interested in receiving the American Journal of Occupational Therapy and Newsletter but who are not eligible for active membership.

Associate—$4.00. Those interested in occupational therapy wishing to receive the Newsletter and other notices. This does not include a subscription to the American Journal of Occupational Therapy.

Student—$5.00. Those in training in an accredited school of occupational therapy. This includes a subscription to the American Journal of Occupational Therapy and all the literature and services given to active members.

There is no inactive status.

You have chosen occupational therapy as your profession. It is one that is developing rapidly in scope and significance. Nearly every sphere of activity has increased by virtue of the demand for services and public relations. The high quality of membership services which has been maintained in the past can only be continued with the support of the membership. Your association can continue to grow only if it is supported by those whom it supports, that is each one of the qualified occupational therapists practicing in the field today. The strength and extent to which your professional organization can advance rests with you.

Frances Shuff, O.T.R.
Assistant to the Executive Director.

From the Educational Secretary

A CALL FOR VOLUNTEERS!

"When you want something done, ask a busy person to do it." This old adage has been truly descriptive of the occupational therapists who have thus far contributed to the registration examination. We have been most grateful for the prompt response to our requests. Our previous experience leads us to believe that we can count on a continuance of such volunteer assistance in the future.

Yes! We are still in need of help and are calling for more volunteers. We must increase our supply of items (questions) for the registration examination. In recognition of this need, the Board of Management, at the 1956 midyear meeting, approved a token payment of $1.00 for each acceptable item submitted. Letters have recently been sent to some persons who were suggested to the registration committee. We are sure, however, that there are others of you who would like to try your hand at a new creative experience—item writing.

To acquaint you with some of the facts about the registration examination and its construction, the following is presented as a brief statement of the present status of the examination, its current and future needs, and how they can be met.

What is the content? Each examination comprises two parts of the 150 items, each of which covers comprehensively all areas of student instruction. All questions are based on the Curriculum Guide and all thirty-five areas of student preparation are covered, including basic sciences, clinical conditions, theory and application of occupational therapy media. Questions asked in any one area must be representative of that field. The number of questions in each area is allocated so that a balanced picture of the student's knowledge of occupational therapy theory and practice is obtained.

These questions must always be in line with current standards of acceptable practice of occupational therapy. Secondly, the subject matter covered in the question must be universally taught in schools of occupational therapy and/or student affiliation centers. The examination is specifically designed to test what the students have been commonly taught, not what they should ideally know.

How do we write up this content? There are many ways of stating your questions in order to give adequate coverage of a certain field. By varying your approach, you can elicit factual knowledge or the application of this knowledge in given situations. For example, you could ask them, "What principle is illustrated by . . . . ." or "Which one of the following is the (best, worst, preferred) way . . . ."

The registration examination must contain such a variety of approaches in order to measure the preparation of the student for competent practice in all areas. This preparation must be looked at, not only in terms of the knowledge a student has gained but how he uses this knowledge, what judgment he exercises in his application of techniques and, in the event of an emergency, how does he convert his knowledge to the changing situation.

What type of question is used? Each examination is made up of 300 multiple-choice items. This type of item consists of a question or an incomplete statement followed by four words, phrases or clauses from which the student must select the one which will answer the question or complete the statement in accordance with the directions given.

The multiple-choice question is used primarily because it can be easily varied to test many kinds of subject matter. It does not only measure the student's knowledge but it can also test his judgment in applying the information. Also considered in the selection of this type of question are factors such as objectivity in scoring and ease of administration.

Are there guides for writing items? Two manuals are available from the education office for your use and guidance: *Item Writer's Manual* and *Picture Item Construction.* Proper construction of test items are illustrated and samples of the objective type of examination are included. Your source of item content can be your own knowledge and experience. It is preferable, however, that authoritative textbooks be utilized wherever available.

Who are the "item-writers"? Registered occupational therapists and other qualified experts in the various areas of subject matter covered in the examination, write the questions. It is important that these writers be drawn from the entire country as well as represent both clinical and school staffs. To date approximately 130 individuals (O.T.R.'s and experts in skills areas) have contributed questions. We should have a much higher percentage of our 5,000 O.T.R.'s contributing of their knowledge and experience. We should also increase the number of contributions, especially in the skills area, by experts in those fields. In the past, contributions have been made on an individual basis. Item writing can be done, however, as a group project by using your hospital or school staff, or your district or state association. One state association has already indicated an interest in contributing as a group.

A workshop session in test construction was held at the Minneapolis conference. We know that everyone present at this session found it a stimulating experience. It is hoped that other such workshops can be held on a regional basis throughout the country. The education office is interested in working with any individual or groups of individuals interested in cooperating in this project.

What happens to items that are submitted? When items are received in the education office, they are edited by the professional staff and the educational research consultant relative to correctness of construction. They are then sent to members of the registration committee for review and securing of medical approval in regard to validity and relevance of content (for example: psychiatric items are sent to those committee members and consultants who represent the psychiatric area). The following criteria are used by these experts in their review of the items: (1) The item is realistic and practical. (2) The item deals with an important aspect of OT. (3) The item asks a question which demands a knowledge of OT practice. (4) The item is specific and clear. (5) The item has a central problem.

These reviewers then return the items to the education office recommending acceptance of the item or asking that they be returned to the writer for revision. The accepted items are then put in a pool from which the registration committee may select replacements for items to be deleted as indicated by the analysis of the previous administration of the examination.

Why do we have so great a need for items? Items in an examination may be quite expendable. Not every item will always behave the way the registration committee believes it will. Some items when answered by the graduates of our schools turn out to be too easy, too difficult, or so worded that they do not convey the meaning originally intended. Sometimes these can be revised; more often, they have to be deleted from the examination. Replacements covering the same information must be available prior to the next test administration.

A far more pressing problem than individual item replacements is the need for having one or more new complete parts of the registration examination. A part consists of 150 items which proportionally covers the entire field of occupational therapy. We now have three such parts which permit of only three combinations of two parts for the total examination. The addition of one more part would raise our available combinations to *six.* The addition of two more parts would increase these combinations to *ten.* The availability of one or two more parts would spread and lessen the burden of revision and replacement over the ensuing years.

Thus the continued development and maintenance of the quality of the registration exami-

nation as presently constituted suggests that a goal of 600 to 1,000 items on file is a reasonable one for the immediate future. This number is not so formidable when you consider that it is spread over thirty-five different subject matter areas in the examination. The gain for our profession is well worth the effort.

Why is the registration examination important to all of us? Eligibility to become a registered occupational therapist is contingent upon passing the registration examination. Registration assures professional recognition and acceptance of the individual's competence throughout the country. The examination serves to standardize professional—academic and clinical—education of students on a national basis and also serves as a nation-wide yardstick by which the schools may evaluate their own programs and progress. It also serves as an international denominator when graduates of recognized schools in other countries desire to become registered and to practice in the United States.

Did you know that the objective type of registration examination was ten years old in June, 1956? The first objective type of examination was given in 1947 and since that time it has been administered twenty times for a total of approximately 4,600 examinees. As a professional group, we may well be proud of this measuring instrument which has proven so stable and reliable over this period of time. A great deal of work has gone into its development and maintenance at such a high level. It has also involved countless numbers of people notably the registration committee, the item writers, the educational research consultant and the national office staff.

A feature article is appearing in the next issue of AJOT which will describe in detail the development and findings after 10-year's use of this objective type of registration examination. We are sure that you will find this article most interesting as well as informative.

Can we count on your cooperation? Experience over the last ten years has clearly shown that the registration examination requires more continued active participation of O.T.R.'s in practice than any other activity of the education office. This is as it should be, since the examination contributes so directly to our professional standards. Can you give some time to the further development of your national registration examination? Your Association will be most appreciative of your assistance.

Mary Frances Heermans, O.T.R.
Educational Secretary

EDITORIAL

OPPORTUNITIES FOR GROWTH

The stimulation gained from an annual conference emphasizes the myriad of details and information that all of us need to know. The recent conference in Minneapolis was no exception. With its conference theme, "Time for Reflection," and its institute theme, "What Constitutes Treatment," all of us were inspired to better treatment methods and goals.

The conference pointed the way to improve the quality of service and education, and courses and institutes offered throughout the year enable every occupational therapist to enrich his knowledge with constructive guidance.

Refresher courses, graduate courses and institutes are listed in almost every issue of the Journal. Many of these courses are repeated several times during the year. By taking advantage of these courses, a therapist may enrich his knowledge with little time away from work. The benefits gained are incalculable. Some even carry graduate credit, which is invaluable to a therapist aspiring to an advanced degree. Many provide scholarships so that expense is not a deterring factor.

More courses are available in the summer, but time schedules must be considered, so we should plan now to choose a course for the coming year so that when a priceless opportunity is offered through these pages, we will be ready to take advantage of it.

The advancement of our profession is dependent on the advancement and interest of the individuals within the profession. To consider a person educated because he has finished a required course in college is to stalemate the profession. Growth is continuous and dependent on constant study and improvement of knowledge and skills throughout a lifetime. Opportunities are always being offered, but we must take advantage of them.

Never before have so many courses of all kinds been offered in the history of occupational therapy. It indicates our interest, our awareness of our own inadequacies and our desire for growth. By taking advantage of these courses or workshops or institutes we gain in scope and ability. By planning ahead to evaluate the courses offered, all of us can arrange to enroll in a course that will be enriching and constructive in our particular phase of occupational therapy.

Refer to Journal advertisers when placing orders. They are interested in serving you and their products will prove of value in your treatment program.

FEATURED O.T. DEPARTMENTS

CLINIQUE RHUMATOLOGIQUE
Paris, France
FRANCOISE LAMOTE, P.T., O.T.R.

Learning an Activity in Occupational Therapy

In December, 1954, I was requested to develop an occupational therapy department at the Clinique Rhumatologique of Prof. F. Coste in Paris, France. The facilities available at the beginning were very limited. There was no workshop, no budget and no equipment and very little material. Only a room "storage-cum-office-cum-working room" nine by three feet was available. I am sure that most O.T.R.'s will realize the administrative difficulties encountered in developing an occupational therapy department in a country where the occupational therapy services are very limited and not very well known by professional and non-professional people. Every step forward presents its special problems which have to be resolved according to the local circumstances. As occupational therapy cannot be "imported" to any country, its principles must be applied and adapted to the local conditions. Regardless of the country in which one has trained, unless one is prepared to adapt one's thinking to the principles applied locally, it is not possible to develop an effective department.

Two months after my arrival, a post of occupational therapy was created officially and this was the starting point. Although difficulties were encountered, the department started growing slowly and steadily with the helpful support and cooperation of Professor Coste. Meetings with the medical staff were organized and the meaning of occupational therapy was explained. Contacts with various departments of the hospital were established and attempts were made to co-ordinate the various phases of the treatment. Demonstrations of the departments of occupational therapy and the results obtained were presented. Occupational therapy was one of the features of the annual French Arthritis Association meeting where specialists from all parts of France were present. A regular budget was established and tools, material and equipment purchased. Forms for prescriptions and progress notes were printed for the department. As a new three-floor building was being constructed in the hospital compound, a room for the occupational therapy workshop (twenty-five square feet) was provided. Eight months later, a regular occupational therapy department was functioning, carrying a daily load of patients averaging fifteen patients for an OT.

Learning to Manipulate Clay

One special feature of this department was that it was exclusively reserved for arthritic patients, the Centre being a center of research on this subject. Ninety per cent of the arthritic patients referred to the occupational therapy department were rheumatoid arthritis cases, as Professor Coste felt that these cases were best suited to respond to occupational therapy. It was the prevalent opinion that no acute case should be referred either to occupational therapy or to physical therapy; consequently the patients were referred by the doctors to the occupational therapy department only after the active inflammation processes and edema had subsided. As a consequence, the most important problem we were faced with was to improve the range of motion and function in the disabled limb. Although this may seem very simple and routine treatment to most O.T.R.'s, difficulties were encountered because the therapist was confronted with very advanced deformities after long progress of the disease, particularly of the hands and

Learning to Button a Dress in ADL Session

fingers as illustrated. In many cases the disease had been progressing for the last twenty to thirty years, and these patients had never had any kind of occupational or physical therapy. On the other hand the physical therapy facilities available were very limited and consisted primarily of massage. The responsibility of improving the range of motion and returning the function to the disabled part was given by the doctors principally to the occupational therapist. This was a real challenge. To improve muscle power in the cases of disused atrophy by progressive-resistive exercises was, of course, part of the routine treatment. Very few patients were referred to occupational therapy for psychological treatment. It was observed however, with amazing consistency how much the psychological attitude of the patient influences his physical condition and vice versa. Therefore the occupational therapist gave particular attention to that phase of treatment.

A radio-set was obtained and selected programs of music were played during treatment in the workshop. While this may be an accepted feature in many hospitals in the United States, in French hospitals this is very unusual and if I am not mistaken, I would even say that at present this is the only hospital in France where music is played during treatment periods and as part of the treatment.

The very idea of activities of daily living was as new to the hospital staff as to the patients. This may explain the difficulty encountered at first in developing this phase of the occupational therapy program. It was not in the accepted line of thought to have the patient learn how to "help himself." Explanations and demonstrations had to be given over and over again and still very often the concept of ADL for a very disabled patient was not accepted. However a start has been made in this line which needs further development if maximum effectiveness of the treatment is to be expected. Pre-vocational approach to the patient and its possibilities were considered and explored in collaboration with the doctors and the social workers.

It had been agreed that I would join the staff of the hospital for a period of one academic year in order to develop the occupational therapy program. When this year was over, besides the full daily case-load of patients treated, the department was also training two occupational therapy students of the newly established Occupational Therapy School at Hospital des Enfants Malades in Paris which was started in October, 1954.

Arrangements had been made for a registered occupational therapist to continue the work and further develop the department. Subsequently Miss Dorothy Mautner, O.T.R., came under the sponsorship of the United States Department of State (Fulbright Program) and is at present in charge of the department.

It must be mentioned that previously Miss Denise Sommer worked at the Centre. The facilities available at that time were even more limited than when my assignment started. Under these circumstances, the work accomplished by Miss Sommer was certainly very valuable as she actually laid the corner stone for occupational therapy in that hospital and is probably responsible for the interest shown in occupational therapy at a later stage.

A Preliminary Report . . .

(*Continued from page 263*)

ture, or he sets up a veneer of defenses which causes his psychoses. It is from this point of view that we incorporate the group as a medium for developing the ability to accept these feelings, and developing security in relationship with others. In doing this the individual's symtomatic treatment is not lost as the activities and the therapist's individual approach can be adapted to these needs.

In conclusion, we do not know if this will effect great therapeutic benefit for all severely psychotic patients, but it seems to be an appreciable expansion of the benefit that can be received by some in occupational therapy. We feel that further study of the group approach will be valuable to the future of occupational therapy.

REFERENCE

1. Greenwood, Dr. Edward, unpublished paper given at the Area Physical Medicine and Rehabilitation Workshop Conference, Houston, Texas, Dec. 10, 1955.

WORKSHOP FOR PSYCHIATRIC OT'S

In July of 1954 the American Occupational Therapy Association received a grant from the National Institute of Mental Health to conduct a workshop conference in psychiatric occupational therapy on "Maximizing the Educational and Clinical Contributions of Occupational Therapy to the Total Treatment Program for Psychiatric Patients."

The conference will be held at the Allenberry Inn, Boiling Springs, Pa., from November 13 to November 19, 1956. In preparation for the conference, ten preparatory commissions were formed last October to survey, study and assess certain aspects of psychiatric occupational therapy. These ten commissions were distributed geographically and located in areas central to schools of occupational therapy and where there was a concentration of clinical centers and psychiatric occupational therapists.

The findings of these commissions have been reproduced and made available for study to all persons who have been invited to attend the conference. This material will provide a background for discussion and has been instrumental in the formulation of specific problems for study at the conference.

Both commission membership and conference participants represent not only occupational therapy but all the allied professions involved in the treatment of the psychiatric patient. Participation at the conference is by invitation, and invitations to occupational therapists have been contingent upon active participation in a preparatory commission.

Proceedings of the conference will be published in book form as stipulated in the grant and will be available for purchase at cost.

This project represents a milestone in the development of our profession. The following quotations from the grant proposal more specifically clarify the purpose, rationale and goals of the project:

"The immediate objective of the proposed conference is to examine, assess and define the current concepts and practice of occupational therapy in psychiatry in order to refine our educational goals and arrive at ways and means of improving the preparation of future occupational therapists in this area.

"In recent years, there have been many developments and changes in the concepts of treating psychiatric patients. These include an awareness of the reversibility of the process of mental illness, the growth of the team approach and resulting collaboration of all concerned, utilization of group interaction, and an increasing emphasis on the total individual and the milieu in which he functions. The change from custodial to remedial approach has brought sharply into focus the matter of specific contributions made by all persons involved in the daily living of the patient. This, in turn, has resulted in the creation of both new and overlapping groups concerned with patient activities and redefinition of the functions of various related disciplines operating in this changed setting such as psychiatry, clinical psychology, social work and nursing.

"The foregoing developments indicate that occupational therapy should examine its present role in the total treatment of the mentally ill, as well as review and refine the current preparation of therapists to fulfill this role. Such a conference will aid materially in focusing on concepts and needs which would guide the continued and expanding growth of educational practices. Such knowledge would be reflected in the improved preparation and greater ability of future graduates of occupational therapy schools to:

1. Be better equipped to assist the patient in achieving specified therapeutic goals.

"2. Participate more effectively in the rehabilitation program by assisting the patient to find his assets and to deal more constructively with his limitations.

"3. Acquire greater skills of observation and evaluation as well as the ability to communicate in a meaningful way and thus integrate more fully with the total treatment program.

"4. Have the ability to better utilize and contribute to a greater extent to the general milieu of the hospital.

"The ultimate goal of this proposed conference is the acquisition of concepts and procedures which will enhance the contribution occupational therapy is now making to the treatment of the psychiatric patient.

"The organization and development of materials for the conference, the deliberations arising out of the conference and the publication of the proceedings of the conference—all of these should result in the following benefits:

"1. Clarification of occupational therapy concepts resulting in improved total treatment programs for the psychiatric patient.

"2. Clarification of the interrelationships of occupational therapy with the various related professions and their relative contributions to the total team approach.

"3. Translation of the 'best' in current concepts and techniques in clinical practice into educational goals which will insure the improved academic preparation of future occupational therapists.

"4. Development of fruitful hypotheses which will stimulate further special studies and research projects in this area."

The persons who have been responsible for the planning of the project as well as its implementation are as follows:

Executive Committee:
Elizabeth Ridgway, O.T.R., *Chairman*
Wilma West, O.T.R., *Sec'y. and Editor*
Naida Ackley, O.T.R.
Elizabeth Smedes, O.T.R.
Virginia Scullin, O.T.R.
Donald Carmichael, M.D.
Frieda Behlen, O.T.R.
Mary Frances Heermans, O.T.R.
Gail S. Fidler, O.T.R., *Coordinator*

Consultants:
Walter Barton, M.D.
Beatrice Wade, O.T.R.
Veronica Dobranske, O.T.R.

Preparatory Commission Chairmen:
Eileen Dixey, O.T.R., N. England Area
Harriet Miller, O.T.R., Michigan Area
Alice Clement, O.T.R., Chicago Area
Lucille Boss, O.T.R., N. Y.-N. J. Area
Marguerite McDonald, O.T.R., Ohio Area
Shirley Lewis, O.T.R., Topeka Area

Marion Catterton, O.T.R., Wash.-Balt. Area
Myrla Smith, O.T.R., Los Angeles Area
Doris Cutting, O.T.R., San Francisco Area

Following is the tentative conference program listing those topics which will be discussed by the workshop groups and in the plenary sessions.

TENTATIVE PROGRAM

Banquet and Keynote Address: "New Frontiers in Psychiatry"

Workshop Topics

(1) Techniques and procedures used in the treatment and activity program for the psychiatric patient.

Discussion group topics:

(a) Use of self as a therapeutic tool
(b) Use of group techniques
(c) Use of activities in bridging the gap
(d) Use of activities in attaining specific treatment goals
(e) Use of activities in contributing to psychodynamic formulations through personality, social and skill evaluation
(f) Use of activities in creating a therapeutic milieu in the hospital

2) In the treatment and activity program for the psychiatric patient, what are the definite contributions of occupational therapy with reference to:

(a) Supportive milieu
(b) Supplementing psychotherapy
(c) Contributing to evaluation
(d) Socio-economic rehabilitation

Discussion of these topics should include communication, supervision and correlation, and in-service training.

(3) To what extent should the occupational therapist be prepared to function in the following:

(a) Use of self
(b) Group techniques
(c) Music and drama
(d) Recreation: library and education
(e) Creative or structured arts and crafts
(f) Industry

(4) What changes are indicated in academic and clinical occupational therapy curricula with reference to:

(a) Use of self
(b) Group techniques
(c) Activities
(d) Communication
(e) Current psychiatric developments
(f) Integration of educational experiences

ORIENTATION COURSE

The University of Pennsylvania is offering a course "Principles of Rehabilitation" which is scheduled for the following dates:

December 10-14, 1956
February 4-8, 1957
April 22-26, 1957
June 17-21, 1957

The course, open to physicians, occupational therapists, nurses, social workers and rehabilitation counselors, is designed to present the basic concepts of rehabilitation in all its aspects. Principles and methods are presented through lectures, clinical demonstrations and group discussions. The instructional staff includes representatives from the various divisions of the University of Pennsylvania and guest lecturers.

Provisions for granting a limited number of trainee stipends to eligible persons attending the course has been made by the U. S. Office of Vocational Rehabilitation. Additional information may be obtained from the Rehabilitation Center, Hospital of the University of Pennsylvania, Philadelphia 4, Pa.

DELEGATES DIVISION

ILLINOIS

Delegate-Reporter, Elizabeth L. Jameson, O.T.R.

A stimulating workshop in the fall served as a technique to arouse interest of the members of the Illinois Occupational Therapy Association in the major issues to be considered in the House of Delegates. It also served to prepare the state delegate before the American Occupational Therapy Association conference. Three of the issues discussed were the district formation in a state, the problem of recognition of non-professional personnel and the Eleanor Clark Slagle lectureship.

A membership campaign for one hundred members went over the top. This is the largest roster in the history of the association.

The scholarship committee set up regulations for the use of the scholarship fund by students. The purpose of the scholarship loan is to encourage more of the students graduating to remain in Illinois. There are no restrictions on the use of the money by the student. An important feature is the availability of funds for out-of-state students as well as residents. Also the fund can be used on either the Chicago or Urbana campus.

This year witnessed the culmination of much interest and planning for a non-credit course in the area of physical disabilities. Janet Werner, O.T.R., gave sixteen hours of lecture and demonstration on "Surface and Functional Anatomy." Twenty graduates and six occupational therapy students composed the class.

These are a few highlights of a year of professional growth.

OFFICERS

President.....Catherine F. Hoffman, O.T.R.
Vice President.....Mary Britton, O.T.R.
Secretary.....Ruth A. Krumm, O.T.R.
Treasurer.....Barbara Rennaker Hoch, O.T.R.
Delegate.....Alice M. Clement, O.T.R.
Alternate-Delegate.....Margaret A. Earlenbaugh, O.T.R.

MICHIGAN

Delegate-Reporter, Rosalia Kiss, O.T.R.

The Michigan Occupational Therapy Association has become a more closely knit organization as a result of the participation of chairmen of the district groups at the board meetings. Both the state association and the districts are realizing the benefits of improved communication.

The fall meeting of the association customarily follows the American Occupational Therapy Association conference in order to bring reports of the conference to the membership. In addition, a very stimulating workshop was conducted by the committee on research and special studies based on the recommendation made at the AOTA—OVR institutes held in New York in June, 1955. The membership is now anxious for more workshops.

The Michigan Occupational Therapy Association was pleased to entertain the Board of Management and the council on education of the American Occupational Therapy Association at the mid-year meeting held in Detroit in April, 1956. This also afforded opportunity for speakers from the national office at the spring meeting of the state association.

A total of six scholarships of $100 each were awarded to students of the three occupational therapy schools in Michigan in continuation of the established scholarship program. The membership for the year 1955-1956 has been 114 active and 15 associate members.

OFFICERS

President.....Barbara Jewett, O.T.R.
Vice-President.....Lyla Spelbring, O.T.R.
Secretary .....Eleanor McCurry, O.T.R.
Treasurer.....Fern Freeman, O.T.R.
Delegate.....Rosalia Kiss, O.T.R.
Alternate-Delegate.....Marjorie Holtom, O.T.R.

NEW JERSEY

Delegate-Reporter, Ethel Huebner, O.T.R.

The New Jersey Occupational Therapy Association has held five program meetings this year, although the usual problem of geographical distribution has kept the turnout well below full membership. However, it has been a productive year for some of our committees.

The committee on standards studied the existing salary and personnel structure of occupational therapy in the state service to determine what could be done to attract and keep professional personnel. Recommendations for creation of new titles and salary revisions were submitted to civil service and other interested agencies and the association's assistance was offered in formulating job descriptions and position requirements. We have been informed that our recommendations for salary ranges for professional levels are to be adopted as of this July. The committee has also successfully protested the admission of candidates lacking adequate qualifications to professional level occupational therapy examinations and their subsequent certification to the state service.

The committee for publicity and recruitment has been active throughout the year, corresponding with prospective students and showing them various occupational therapy departments, writing a radio script used during Mental Health week and contacting high school guidance councilors.

Several members of the association have been active on two of the preparatory commissions for the American Occupational Therapy Association psychiatric project and we hope to have representation at the institute in November.

OFFICERS

President.....Rhoda Goldstein, O.T.R.
Vice-Presidents .....Fred Odhner, O.T.R.
Fay McLaughlin, O.T.R.
Secretary.....Gloria Sosnowski, O.T.R.
Treasurer.....Carol Brown, O.T.R.
Delegate.....Ethel Huebner, O.T.R.
Alternate-Delegate.....Lucille Boss, O.T.R.

ISWC OFFERS LOW COST CONGRESS TOURS IN 1957

In conjunction with its seventh world congress, to be held in London, July 22-26, 1957, the International Society for the Welfare of Cripples has announced that it is organizing low cost travel groups which, prior to and following the congress, will combine a program of sightseeing with a survey of rehabilitation facilities. The tours will be under the direction of a qualified leader in the field of rehabilitation, assisted by volunteers in the countries being visited.

The group will leave New York by chartered plane for Glasgow on July 13. It will take delegates to the congress on a motor trip through the English Lake Country, to institutions in Glasgow, Edinburgh and other communities along the way, and will arrive in London for the pre-congress social gathering on July 21. Participants may choose between two travel groups leaving London after the congress on July 27. The first goes to Oslo, Copenhagen, Stockholm, Brussels and Paris, and the second proceeds instead to Zurich and Lucerne, Switzerland, and then south into Italy to Venice, Ravenna, Florence, Perugia, Assisi, Rome and finally up to Paris. Both of these post-congress tours converge for a final two-day sojourn in Paris, from where the 59 members will fly to their New York starting-point on August 10. The entire package which includes a round-trip, transatlantic flight, plus two of the aforementioned study tours, is offered at a cost ranging between $908.00 and $960.00.

Participants must be members of the U. S. committee for the ISWC. Interested persons can obtain full details, as well as other Seventh World Congress Information, by writing the International Society for the Welfare of Cripples, 701 First Avenue, New York 17, New York.

ADVANCED COURSE

The Institute of Physical Medicine and Rehabilitation in conjunction with New York University School of Education announces a four weeks course in physical rehabilitation methods. Entrance dates are November 19, February 4 and April 29.

The course, offering four points of credit, will be divided into three sections, namely: (1) Severe Disabilities and Their Rehabilitation; (2) Skills and Methods of Functional Activities; (3) Clinical Experience.

For further informaiton write:

Mrs. Edith Buchwald Lawton
Director of Rehabilitation Courses
Institute of Physical Medicine and Rehabilitation
400 East 34th Street
New York 16, N. Y.

Georgia Warm Springs Foundation

GRADUATE COURSE

Physical Therapy and Occupational Therapy In the Care of Poliomyelitis

This course is open to graduates of approved schools of physical and occupational therapy. Such graduates must be members of the American Physical Therapy Association and/or American Registry of Physical Therapists, or American Occupational Therapy Association.

Entrance date: First Monday in January, April and October.

Course I—Emphasis on care of convalescent neuromuscular disease with intensive training in functional anatomy, muscle testing, muscle reeducation and use of supportive and assistive apparatus. This course is complete in itself.

Course II—Three months duration with course I prerequisite. Emphasis on care of severe chronic physical handicaps with intensive training in resumption of functional activity and use of adaptive apparatus.

In-Service Training Program—Fifteen months duration at salary of $225 per month plus full maintenance. This program includes training in course I and II.

Tuition: None. Maintenance is $100 per month. For scholarship to cover transportation and maintenance for course I and II, contact National Foundation for Infantile Paralysis, Inc., 120 Broadway, New York 5, New York. (Scholarships require two years of experience).

For Further Information Contact:

ROBERT L. BENNETT, M.D.
Medical Director

Georgia Warm Springs Foundation
WARM SPRINGS, GEORGIA

Reviews

PAIN: ITS MECHANISMS AND NEUROSURGICAL CONTROL, James C. White and William H. Sweet. Charles C. Thomas, Springfield, Illinois, 1955, 726 pp., $17.50.

As the title of this monograph implies, the information is intended primarily for surgeons as a guide for surgical control of pain when there is no possibility of eliminating the underlying cause. The sections on surgical techniques and treatment of specific painful conditions provide much information which will help the therapist's understanding of patients undergoing surgical procedures.

The chapter dealing with psychiatric consideration of pain is of particular interest to therapists. Pain and psyche are closely related and influence each other.

The material presented on the anatomy and physiology of pain conduction may be a valuable source for those interested in the neurological basis of some of the newer techniques used in therapy. The book contains some of the latest data on segmental innervation of the deep tissues (scleratomes) and skin (dermatomes). Distribution of primary afferent neurons subserving pain from all parts of the body is presented. It is also pointed out that the sense of touch has been found to be closely related to pain. It logically follows, then, that the information may be of particular value to those therapists interested in using sensory impulses for the initiation and control of motor output. The authors, of course, did not have this intention in mind while writing the book.

—A. Jean Ayres, O.T.R.

ENERGY EXPENDED BY PATIENTS AT REST, Foreign Letters from the United Kingdom, *The Journal of the American Medical Association*, Vol. 160, No. 17, April, 1956.

In the management of pulmonary tuberculosis, the basis of therapy has long been rest. Certain activities of personal hygiene are permitted, and in some cases various forms of occupational therapy are allowed. The work involved in these actions has been studied and compared by a Doctor G. M. Little, who measured the ventilatory cost as an index of work done by the patient and by the lungs. Outside air was breathed in by the subject through a mouthpiece and two-way valve, while the expired air was lead into a gas meter. The various actions were then performed, and the air exhaled every 30 seconds was measured. Results found are as follow:

	Volume of Air (liters)
Personal Activities	
Bathing	201
Bathing in bed	72
Using bed pan	59
Using commode	20
Wheelchair to commode	54
Walking 1,100 yards	161
Occupational Therapy Activities	
Sewing	22
Painting	33
Weaving (depending on type loom)	21-75
Basket work	41
Woodwork	123
Sweeping	82
Hoeing	62

It is reported in this study that the total expenditure of energy on these activities varied with the amount of time in which the patient engaged in them.

—D. R. Street, Lt. AMSC (OT)

CLASSIFICATION OF ATHETOSIS WITH SPECIAL REFERENCE TO THE MOTOR CLASSIFICATION, Winthrop M. Phelps, M.D., *American Journal of Physical Medicine*, Volume 35, Number 1, February, 1956.

The classification of athetosis considered in this paper is the motor classification. No attempt is made by the author to correlate the types of motion with any neurological localization. There are twelve identifiable entities that are recognized in this classification; the first five are concerned with specific types of involuntary motion: (1) rotary, (2) tremor-like, (3) dystonic, (4) shudder, and (5) flail. The remainder are special characteristics: (6) tension, (7) non-tension, (8) hemiplegic, (9) neck and arm, (10) hard of hearing, (11) balance release, and (12) emotional release. The author describes each type.

(1) Rotary athetosis is the most common type and involves only those muscles that perform rotary motions, such as, pronation-supination of the hands and internal-external rotations of the shoulders. The rotary motions are usually slow.

(2) Tremor athetosis involves the flexor-extensor and abductor-adductor mechanisms, but it does not involve the rotators.

(3) Dystonic motions are those whereby the extremities assume distorted positions which are held involuntarily over a period of seconds or minutes. The total picture may then gradually change as the patient assumes an entirely different distorted position.

(4) The shudder athetoid has shudder-like motions which may be observed in walking. The gait is normal for several steps and is followed by a sudden shudder-like motion which breaks the walking rhythm and may cause the patient to fall.

(5) The flail or "flaying" athetoid violently throws his extremities which are usually extended. This type is infrequently seen, and the prognosis is poor as the muscles are gradually weakened to the point of complete flaccidity.

(6) Tension athetosis is a condition in which the degree of tension is so great that the specific types of motions cannot accurately be determined. Tension differs from spasticity or rigidity in that it is not constant and can be shaken out.

(7) Non-tension athetosis is the first identifiable athetoid type found in a young child. Tension is so slight that the patient appears to be completely flaccid, but involuntary motion must be present. Lack of tension may be caused by a nutritional state due to chewing and swallowing difficulties. Both tension and non-tension athetosis are temporary classifications.

(8) Athetoid hemiplegia has varying degrees of tension, and the types of motions may be rotary or tremor-like, dystonic or shudder. This type is often mistaken for the spastic and rigidity hemiplegias, which never have true involuntary motion.

(9) Topical in type is the neck and arm athetoid who has great involvement in the neck, shoulder and arm muscles and little involvement in the legs. The motions may be rotary or tremor-like, but most appear as the dystonic type.

(10) All athetoids with an etiology of Rh incompatibility show some degree of hearing impairment. The loss is of the high-pitch and high-frequency tones with normal hearing in the lower pitch ranges. Limitation of vertical eye motions is an additional feature found in conjunction with hearing loss.

(11) Balance release type athetosis is rare and typified by an unsteadiness of gait like a normal person walking in a moving train. These patients rarely fall. This type should not be confused with the ataxics who have an absence of involuntary motions.

(12) The emotional release type athetosis presents the release of the pictures of laughter, crying and anger. Stimulation is slight and emotion complete. Training the patient in relaxation will decrease the emotional pictures.

Dr. Phelps concludes by stating that classification is always made by the most outstanding characteristics of the total picture. Exact findings should be recorded at the time the patient is seen with no assumption as to what may be found after treatment since the subclassification may change. Of the first five groups—primary types of motion—changes from one type to another have never been seen.

—Virginia M. Barr, Lt. AMSC (OT)

THE FIELDS OF GROUP PSYCHOTHERAPY, Edited by S. R. Slavson, International Universities Press, Inc., New York, 1956, 338 pp., $6.00.

Various authors identified with the "healing arts," who have accomplished research studies in group psychotherapy, contributed the chapters contained in this book. The disciplines encompassed include: Mental Hospitals, Psychosomatic Disorders, Alcoholics, Addicts, Allergies, Stutterers, Geriatrics, Unmarried Mothers, Delinquents, Child Guidance, Family Services, Sex and Marriage, Industry, and others. Advantages and limitations of the group process as observed in these areas are elaborated upon and case illustrations are given.

Methods of assisting individuals to deal realistically with their diversified social problems and personal inadequacies have expanded far beyond the routine procedures of the nineteenth century, when "social evils of the day" were dealt with by the social agency's program of "dispensing charitable services to the destitute."

Today a group therapy approach plays an important part in the picture. Its definition, we are informed, is: "the development of verbal and emotional interactions and part-identifications in an initial collection of unrelated malfunctioning individuals, led by a qualified psychotherapist, purposely motivated toward the common goal of the alleviation of reality problems on a conscious level."

—Bertha J. Piper, O.T.R.

HYPNOTIC SUGGESTION, S. J. Van Pelt, Philosophical Library, New York, 1956, 95 pp., $2.75.

The modern treatment of hypnotherapy of psychoneurotic and psychosomatic disorders uses light hypnosis with results which 95 per cent of the people can achieve in weeks, instead of years as in psycho-analysis. Some instances where the methods suggested by Dr. Van Pelt have been used, "the subject may be influenced by suggestion without appreciating the fact . . ."

Included in the book are twelve detailed case histories and an ample bibliography.

OCCUPATIONAL THERAPY LABORATORY FOR LIVING, Elizabeth Ridgway, O.T.R., Gail Fidler, O.T.R., *Public Health Views*, Vol. 3, No. 3, 1955.

A clear, concise but comprehensive description of the profession in view of its purposes, principles and goals with a critical analysis of the personnel needs.

There are several other articles of interest in this issue of *Public Health Views*, a magazine published by the Office of Health Education of the Philadelphia Department of Public Health with the idea of dispensing public information and developing community participation in public health programs.

The magazine is in its third year and if not new in community endeavor, at least is new in its dramatic and dynamic typography.

The ninth international congress on rheumatic diseases will be held at Toronto, Ontario, Canada, from June 23 to 28, 1957. This quadrennial function of La Ligue Internationale contre le Rhumatisme will be held under the auspices of the Canadian Rheumatism Association.

The program committee invites contributions to the scientific program of the congress and is anxious to receive reports on current clinical or basic research dealing with any aspect of the rheumatic diseases.

All correspondence should be directed to:

The Ninth International Congress on Rheumatic Diseases
Post Office Box 237
Terminal "A"
Toronto, Ontario, Canada

CLASSIFIED ADVERTISING

Classified advertising accepted for POSITIONS WANTED and POSITIONS AVAILABLE only. Minimum rate $3.00 for 3 lines; each additional word ten cents. (Average 56 spaces per line). Copy deadline first of each month previous to publication.

POSITIONS AVAILABLE

Occupational therapist for well equipped outpatient center established 1950, offering nursery school, speech, occupational and physical therapy to cerebral palsied children. Beginning salary $3600, more if experienced. Regular increments. Five day week, four week summer vacation, nine day Christmas holiday, sick leave, and social security. Write Miss Virginia Pettit, Director, United Cerebral Palsy of Cincinnati, Inc., 3601 Victory Parkway, Cincinnati 29, Ohio.

Two staff positions for registered occupational therapists available August 1 due to expanding programs in the geriatrics division and in the tuberculosis service. Paid vacation and sick leave; 13 holidays a year; 40 hour week; starting salary $3492.00 with annual increases to $4200; excellent retirement plan. Write Director of Personnel, Baltimore City Hospital, 4940 Eastern Avenue, Baltimore 24, Maryland.

Registered occupational therapist needed for cerebral palsy therapeutic day nursery. Individual OT, group work, planning with whole team. Nursery is a demonstration center with outstanding facilities. Four weeks' vacation, many benefits. For information write Personnel, Michael Reese Hospital, 29th Street and South Ellis Ave., Chicago, Illinois.

Staff occupational therapist, to supervise industrial therapy section, wanted immediately at Utah State Hospital, Provo, Utah. Working conditions are good and time-off provisions are liberal. Salary $4200 per year. Applicants must be registered or eligible for registration. Please direct inquiry to Director, Rehabilitation Therapy, Box 270, Provo, Utah.

Good opening for an occupational therapist who is capable of organizing the occupational therapy services in a new admission and intensive treatment unit. Dynamic rehabilitation program requires candidate with good potential for teaching and supervising other occupational therapists, students and affiliates. Available to graduates of approved schools with two years experience. Salary $4740.00. Apply to William F. Green, M.D., Fairfield State Hospital, Newtown, Connecticut.

Immediate opening for director of occupational therapy department. Salary open. Pleasant surroundings and working conditions. OT dept. now operating in the New Norfolk State Hospital Administration Building, with spacious quarters, new and modern equipment. Contact Dr. C. G. Ingham, Supt., Norfolk State Hospital, Norfolk, Nebraska.

A registered occupational therapist is wanted for immediate placement at a rehabilitation center, in addition to the present staff. This is a five-day, forty-hour week out patient center. Write direct to Miss Esther W. Klein, Director, Portsmouth Rehabilitation Center, Portsmouth, New Hampshire.

Registered occupational therapist for physical disability program in progressive hospital. Present staff of ten O.T.R.'s in respiratory polio, multiple sclerosis, physical disability and rehabilitation service, home care, and upper extremity research project. Clinical training center located between Los Angeles and beach area. O.T.R.'s under orthopedist supervision. Los Angeles County civil service requirements: graduation from an accredited school of occupational therapy and citizenship. Contact: Mrs. Miriam Doyle, O.T.R., c/o Occupational Therapy Department, Rancho Los Amigos Hospital, Hondo, California.

Occupational therapists—junior and senior grade. Salary range: $335.00 to $485 per month minus $25.00 for full maintenance. Salary dependent upon experience and training. Duties: occupational therapist in state mental hospital with a reorganized, expanding program. Sectional supervision of OT units in admission service, intensive treatment service, and tuberculosis service. Senior therapists may supervise junior therapists, student nurses, and OT aides. Write Personnel Office, Logansport State Hospital, Logansport, Ind.

Two registered occupational therapists for staff positions—cerebral palsy department. Salary $3,840-$4,790 —20 working day vacation—retirement—hospitalization—sick benefits. Write Lavinia M. Davidson, Director, Cerebral Palsy Department, New York State Rehabilitation Hospital, West Haverstraw, N. Y.

Iowa Methodist Hospital has opening for registered occupational therapist. Work divided between psychiatric clinic and medical and surgical floors. Good starting salary. Liberal vacation and sick leave benefits. Apply Personnel Director, Iowa Methodist Hospital, Des Moines, Iowa.

Registered occupational therapist for expanding rehabilitation department in chronic disease hospital. Forty hour week, paid sick leave, holidays and vacations. Salary open. Write or contact Personnel Director, Holy Ghost Hospital, 1575 Cambridge Street, Cambridge 38, Massachusetts.

Head occupational therapist position for large physical disabilities program—California. Staff of fifteen plus student training program under orthopedist, with two research projects in progress. Registration required with 3 years minimum experience including 2 years in physical disabilities. Administrative ability and citizenship essential. Salary $417 per month with annual increments to $519. Contact John E. Affeldt, M.D., Respiratory Center for Poliomyelitis, Rancho Los Amigos Hospital, Hondo, California, (located 18 miles from downtown Los Angeles and near beaches).

Wanted immediately: staff therapist for private psychiatric hospital. Bed capacity, 300 patients. Student affiliation program. Excellent working conditions. Salary open. Maintenance optional. Write: Miss Ruth L. Smiley, O.T.R., The New York Hospital, Westchester Division, 121 Westchester Avenue, White Plains, N. Y.

In the New York State Tuberculosis Hospitals occupational therapy is a dynamic part of the patient's rehabilitation program. Therapists are wanted who are interested in maintaining this concept. Positions available at senior and staff level. Beginning salaries $4650 and $4030 respectively. For further details contact: Supervisor of Occupational Therapy, New York State Department of Health, Division of Tuberculosis Control, 28 Howard Street, Albany 7, New York.

Staff position open for registered occupational therapist. Salary open. Pleasant surroundings and working conditions. Contact Dr. C. G. Ingham, Superintendent, Norfolk State Hospital, Norfolk, Nebr.

Challenging and interesting opportunity to organize and direct OT dept. in modern, 287 bed hospital based on the philosophy of a halfway house and operated by the Connecticut Department of Mental Health. Hospital is beautifully situated in the "hanging hills" of Connecticut in a New England town midway between Hartford and New Haven, with excellent transportation to Boston and New York. OT-minded staff and administration. Salary open and interesting. Positions available for sr. OT and staff therapist. Excellent living quarters with complete maintenance at cost of only $316 per year. 40 hour week; 3 weeks' paid vacation and 11 holidays; liberal retirement plan, sick time, health and insurance plans. Write to Dr. P. M. de la Vergne, Supt. & Medical Director, Undercliff Hospital, Meriden, Conn.

Immediate employment for registered occupational therapists in California state hospitals and special and public schools. Male occupational therapists needed at state prisons at Tracy and San Luis Obispo. Completion of approved course in occupational therapy required. Salary ranges, $358 to $481. 3 weeks vacation, liberal retirement plan, 11 paid holidays. Apply California State Personnel Board, 801 Capitol Avenue, Sacramento 14, California.

Occupational Therapist
St. Erne Sanitarium
527 W. Regent St., Inglewood, Calif.

Staff therapist needed for ward program in 400 bed general hospital in New York City. Physical medicine department with 5 day week and 4 weeks paid vacation. Starting salary $3484 to $3588 with increase to $4056. Write: Miss Louise Rathbone, Dir. O.T., Roosevelt Hospital, West 59th Street, New York.

Wanted: Registered occupational therapist for full time employment in cerebral palsy center. Apply to Mary G. Marler, Executive Secretary, CP Center, 321 15th St., Columbus, Georgia.

Training and research opportunities for registered occupational therapists at Eastern Pennsylvania Psychiatric Institute: 250 bed, adult unit and 50 bed, children's unit. Newly completed modern psychiatric institute providing opportunities for training students and research. Departmental coordination enriches treatment and resources available. Write to: Barbara Schuerch, O.T. Director, Ea. Penn. Psych. Inst., Henry Ave. and Abbottsford Rd., Philadelphia 29, Pa.

Registered occupational therapist for 250 bed convalescent hospital. Experienced in treatment of physical disabilities, including chest diseases. U. S. citizen, under age 50. Salary open. Write to Superintendent, Tulare-Kings Counties Hospital, Springville, California.

Occupational therapist to direct a functional OT program in a treatment center. Liberal salary, sick leave, and vacation. Write to George Cousens, San Joaquin Rehab. Center, 548 So. Wilson Way, Stockton, Calif.

THE COMMONWEALTH OF PENNSYLVANIA IS BUILDING THE KIND OF MENTAL HEALTH PROGRAM YOU HAVE DREAMED OF!

• • •

Adequate funds have been appropriated to fill all vacancies. Salary scales are equal to, or better than, most. Professional direction and leadership are sound. All appointments are being made on the basis of qualifications alone.

• • •

Look into the opportunities Pennsylvania offers YOU! Be a part of this exciting demonstration of sound mental health in action!

• • •

For further information, write:

Professional Recruitment Center
Department of Welfare
Commonwealth of Pennsylvania
Harrisburg, Pa.

Wanted: registered occupational therapist for TB unit, also NP unit, VA Hospital, Augusta, Ga. Write Mrs. Nina Crawford, 2311 Wrightsboro Rd., Augusta, Ga.

Registered occupational therapists for large cerebral palsy out-patient center providing a total program for children and adults—modern building and facilities. 5-day, 35-hr. week. Uniforms and laundry provided. Salary $3480-$4920. Write to Coordinator of Medical Services, United Cerebral Palsy Association, 380 Washington Avenue, Roosevelt, L.I., N. Y.

Occupational therapists wanted—functional program in rehabilitation department of large chronic disease hospital, $3750—increments for experience—liberal benefits. Write: Mrs. Harriet Kaufman, Director, O.T., Jewish Chronic Disease Hospital, 86 East 49th Street, Brooklyn 3, New York.

Acute, intensive treatment, psychiatric hospital with teaching, research and student affiliation programs has opening for staff O.T.R. Liberal personnel policy. Salary commensurate with experience. For information write: Virginia L. Caskey, O.T.R., Director, O.T., Larue D. Carter Memorial Hospital, 1315 West 10th St., Indianapolis 7, Indiana.

Immediate opening for registered occupational therapist in progressive psychiatric state hospital in Lexington, Kentucky. Interesting salary, annual increments, 40 hour week, paid vacation and sick leave, 13 holidays per year and excellent living accommodations for single person. Contact: Mrs. Frances E. Jonakin, O.T.R., Eastern State Hospital, Lexington, Kentucky.

Wanted—full time OT for growing UCP of Delaware County treatment unit in Chester, Pa. CP training preferred. Good personnel policies. Salary commensurate with training and experience. Address inquiries to Miss Jean Wiley, RPT, Coordinating Director, UCP Treatment Unit, 431 East Ninth Street, Chester, Pa.

Wanted: qualified occupational therapist, male or female, to supervise occupational therapy in center providing full rehabilitation services, in-patients included. Interest in vocational try-outs and machine tools. Desirable working conditions and salary. Refer inquiries to Administrator, Rehabilitation Center, Inc., 340 East Madison Street, Louisville 2, Kentucky.

Wanted: occupational therapist to head department in small neuropsychiatric hospital affiliated with medical school. Good salary. Mr. E. W. Johnson, Graylyn, Winston-Salem, N. C.

Staff position open for O.T.R., Sheppard-Pratt Hospital, Towson 4, Maryland. Write Mrs. Marshall L. Price, O.T.R., Director.

Two occupational therapists wanted for full-time positions in private mental hospital. Census 70 pts. Progressive psychiatric program. Address: Heide F. Bernard, Administrator, Hall-Brooke, Greens Farms, Connecticut.

Immediate opening for qualified occupational therapist, male or female, for well equipped department in completely air-conditioned, modern rehabilitation center and hospital; medically supervised; 40 hours per week; paid vacation; sick leave; legal holidays; minimal starting salary $325. Apply: Richard E. Freeburg, Supervisor, Rehabilitation Services, Hedgecroft Hospital, Houston, Texas.

Position available: staff position open for a registered occupational therapist in a pediatric hospital. Salary commensurate wtih experience and qualifications. Liberal personnel policies including 40 hour week. Volunteer and student nurse training program. Apply Director of Nursing, The Children's Memorial Hospital, 707 W. Fullerton Ave., Chicago 14, Ill.

Immediate openings: two O.T.R.'s for intensive psychiatric residential treatment program in children's unit. Unusual professional opportunity for dynamic, flexible individuals, male or female. Salary dependent on experience. Located in eastern Pennsylvania 30 minutes from Pocono resorts between Philadelphia and New York City. Contact: Mr. John E. Lapidakis, O.T.R., Coordinator of Occupational and Activity Therapies, Children's Unit, Allentown State Hospital, Allentown, Pa.

Registered occupational therapist wanted by large home for aged and convalescent hospital. Salary open. Pleasant surroundings and working conditions. Maintenance furnished if desired. Write The Presbyterian Home, 3200 Grant Street, Evanston, Illinois.

Occupational therapist to develop program for emotionally disturbed children in new building 10 miles from Boston. Salary range: $3000 to $3720, civil service benefits. Write: Miss Helen Storr, Head Occupational Therapist, Metropolitan State Hospital, Waltham 54, Massachusetts.

Registered occupational therapist, with experience in physical disabilities, to take charge of rehabilitation shop. Will have two assistants. For information write: Personnel Section, Mayo Clinic, Rochester, Minnesota.

Challenging position of section chief immediately available to registered OT, male or female, in progressive psychiatric hospital located 40 miles south of Kansas City. Require person with knowledge of human dynamics and experience in administering therapy to mentally ill patients. To function as a member of the psychiatric team and responsible for coordinating program including occupational, recreational, musical, and industrial therapies. Holiday, vacation, and sick leave benefits, maintenance available, semi-annual salary increases. Salaries $3888-$4980. Write to Robert O. Perry, Coordinator of Adjunctive Therapies, Osawatomie State Hospital, Osawatomie, Kansas.

Unusual opportunity for registered occupational therapists in 350 bed acute intensive treatment psychiatric proved training programs, university affiliations and active research. Annual increases, paid vacations, sick leave, and holidays. Write: Personnel, Cleveland Receiving Hospital and State Institute of Psychiatry, 1708 Aiken Ave., Cleveland 9, Ohio.

Director occupational therapy department—350 bed acute intensive treatment psychiatric hospital with approved training programs, university affiliations and active research. Interested, responsible individual will have the opportunity to develop a training program in occupational therapy. Scheduled annual increases, paid vacations, sick leave, and holidays.

Write: Director Cleveland Receiving Hospital and State Institute of Psychiatry, 1708 Aiken Ave., Cleveland 9 Ohio.

Occupational therapy supervisor for current child day care center program and to develop occupational therapy department for children's psychiatric hospital being built. Salary $4,320 to $5,280 with yearly increments. Apply James M. Cunningham, M.D., Superintendent, Dayton Receiving Hospital for Children, 458 Belmonte Park, North, Dayton 5, Ohio.

Excellent opportunity for O.T.R. in accredited 350-bed county hospital, 55 miles from San Francisco. Salary range $357-$429, 40-hour week, liberal vacations, new facilities. Excellent retirement plan. Sonoma County Personnel Department, Santa Rosa, California.

Cerebral palsy therapists—for work with cerebral palsied children attending clinics and school in Alameda County. Salary: $394.00-$484.00. Liberal vacation, sick leave and retirement benefits. Requirement: occupational therapist—registration with national registry and one year of supervised experience after recognized courses; physical therapist—legal requirements for practice in California and one year supervised experience after graduation from approved school. Apply: James C. Malcolm, M.D., M.P.H., Director, Alameda County Health Dept., 15000 Foothill Blvd., San Leandro, Calif.

Staff occupational therapist for rapidly expanding rehabilitation center, either experienced or inexperienced therapist acceptable. Excellent working conditions, 37½ hour work week, good pay, good personnel policies, good medical supervision. Wonderful opportunity for staff growth and promotion. Crossroads Rehabilitation Center. Contact Roy E. Patton, Executive Director, 3242 Sutherland Avenue, Indianapolis, Indiana.

Live in New York! O.T.R. $3900-$4500. 5 day week, 4 weeks vacation, 12 paid holidays, 12 days sick leave, noon meal, relaxed atmosphere, challenging case load. Orthopedically disabled adults. Room and board optional. Contact: Mr. D. Wiesen, Assistant Executive Director, Beth Abraham, 612 Allerton Avenue, Bronx 67, N. Y.

Occupational therapist for immediate placement in established hospital for convalescent children and growing rehabilitation center treating adults and children. Adequate space and well equipped therapy department. Employee benefits. Maintenance if desired. For complete information write: Miss E. G. Prien, Sol-e-Mar Hospital, South Dartmouth, Massachusetts.

Immediate opening for staff OTR in crippled children's hospital and expanding comprehensive rehabilitation center treating multiple disabilities. Functional program for children and adults in well equipped department. Employee benefits and salaries in conformance with AOTA recommendations. Apply: Jack E. Pearson, Morris Memorial Hospital and Rehabilitation Center, Milton, W. Va.

Occupational therapist—350 bed approved general hospital. Salary open. Excellent employee benefits. Primarily pediatric and orthopedic occupational therapy. Apply Personnel Director, De Paul Hospital, 2415 N. Kingshighway, St. Louis 13, Missouri.

McLean Hospital, a private psychiatric hospital in the Greater Boston area, has openings for two graduate occupational therapists. Experience helpful but not necessary. Write Mrs Elaine Pinkham, O.T.R., McLean Hospital, P.O. Box 8, Waverley 79, Massachusetts.

Immediate placement for OTR's available in progressive, well-equipped occupational therapy department, at the N. J. State Hospital, Greystone Park, N. J. (30 miles west of New York City) under direction of Mrs. Lucille Boss, O.T.R. Opportunities for education and professional growth in teaching hospital. Excellent working conditions. New salary ranges in effect. Staff $4,020-4,920. Senior $4,380-5,280. Full maintenance approximately $400 per annum. Liberal state civil service benefits. Apply personnel department.

Occupational therapy director: Salary $4704. Occupational therapists: Salary $3456. Vacation and sick leave, retirement plan, and single room at nominal cost. Located in historic Williamsburg. Apply Personnel Office, Eastern State Hospital, Williamsburg, Virginia.

Registered occupational therapist needed for private psychiatric hospital of 40 bed capacity. Beginning salary of $300 increasing to $375. Write to Mrs. Otto Bendheim, 7205 N. 3rd St., Phoenix, Arizona.

Occupational therapist for hospital-school serving educable, physically handicapped children age 5-21. Paid vacation, attractive salary, sick benefits. Write or call Miss Virginia Reeves, O.T.R., Illinois Children's Hospital-

School, 2551 North Clark Street, Chicago 14, Illinois. Phone: Diversey 8-4600.

Immediate opening for director with experience and an assistant O.T.R. to further program and development of well established department. Psychiatric section: 62 beds; an in and out patient physical disability program; and student nurse orientation. 40 hr. wk., 6 holidays, 2 weeks vacation, and sick leave with pay annually. Both salaries open. Contact Sister Mary Walberta, St. Francis Hospital, 928 No. Emporia, Wichita 5, Kansas.

Position open for director of occupational therapy department in TB sanatorium. Vacations, holidays, and sick leave with pay, maintenance available, 40 hour week. Starting salary $4,706.00. Write: Mr. George Williams, Oakland County TB Sanatorium, Pontiac, Michigan.

x-acto ... Fascinating! ... Exciting

SUJI wire art

A BASIC NEW HANDICRAFT

NOW available in Bargain-Priced BULK PACKS for Group Work!

#259 SUJI DEN PACK (group of 5-8): Over $5. worth of material. only.. $3.50

#260 SUJI CLUB PACK (group of 10-20): Over $10.00 worth of material ..... only $6.75

#261 SUJI CAMP PACK (group of 50-75): Over $45.00 worth of material ..... only $30.00

28-page illustrated SUJI Instruction Manual-25c

Available through your regular suppliers or write direct —

x-acto inc.

48-411 Van Dam St., L.I. City 1, N.Y.

A Complete Line of Ceramic Supplies

CLAY — BRUSHES
GLAZE — PATTERNS
MOLDS — KILNS
COLORS — SUPPLIES

FREE PERPETUAL CATALOG

When requested on your institution letterhead
Others please send $1.00

WILLOUGHBY STUDIO

407 East Florence Avenue — Inglewood 1, California

THIS FREE BOOK IS THE BEST ANSWER TO YOUR CRAFT NEEDS!

For craft activity that is both beneficial and rewarding in results, COPPER ENAMELING and JEWELRY-MAKING is excellent. These simple crafts give confidence and teach a means of earning a living. Useful for groups or individual instruction.

Bergen is as near as your mail box . . . orders are filled promptly and efficiently, with every consideration for your budget requirements. All Bergen materials are pretested and proven of the best quality available. Write us about your individual problems, it will be a pleasure to serve you. For a copy of our latest catalog and to be put on our mailing list — write Dept. OTJ today.

Bergen Arts & Crafts

300 S.W. 17th Ave. — Miami, Fla.

AT YOUR FINGER-TIPS

Get your free copy of Hammett's catalog listing and illustrating occupational therapy materials and equipment.

LOOMS
Hand or Foot Power

WEAVING MATERIALS
Rug Roving, Cotton Yarn
Carpet Warp, Rug Yarns

BASKETRY MATERIALS
Reed — Raffia — Cane
Wooden Bases and Trays
Corkcraft

ART MATERIALS
Leather and Tools

SEND FOR THE CATALOG TODAY!

J. L. HAMMETT CO.

Educational Materials Since 1865

306 Main Street — Cambridge, Mass.

A BUYER'S GUIDE

For the Occupational Therapist

Send for Our Free
Carefully Indexed
96 Page Catalogue

Listing supplies & reference material in most all lines of arts & crafts

Wood Whittling & Carving - Raffia - Ceramics - Leather - Metal - Jewelry - Shellcraft - Flexcraft - Plastic-Glaze - Textile-Painting - Artists Supplies - Finger-Painting - Block Printing - Knitting - Flytying - Glass Etching - Copper Enameling - And Many Others.

CRAFTERS of PINE DUNES

DEPT A — OOSTBURG, WIS.

SAX BROS

Get This Valuable Tool!

★

"ALL-CRAFTS" CATALOG

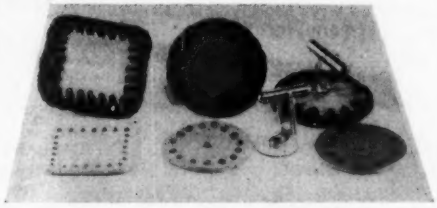
76 Big pages, packed with thousands of items in a great variety of crafts. Prices are reasonable. Service always prompt and complete from our large stocks. Since 1910. Write for your free copy today.

Leathercraft
Enameling
Woodenware
Metalcrafts
Basketry
Ceramics
Many Others

SAX BROTHERS, INC.

1111 N. 3rd St., Dept. 10, Milwaukee 3, Wis.

Another GOLKA Scoop!



Make these LEATHER Cuff Links in COLORS!

No Tools—No Cementing—No Painting

Most Unusual and Beautiful.

Wide selection of colors, with infinite variety of combinations possible. Calfskin, lizard, etc.

Write for free O.T. Bulletin on Cuff Links, or better yet, rush $2.00 for your Jumbo Kit which has plenty of everything, with information.

ROBERT J. GOLKA CO.

400 Warren Ave.
Brockton, Mass.

SWEDISH WEAVING HUCK TOWEL DESIGNS

Easy to weave borders for towels, place mats, aprons, etc. for gifts or sell for profit. Inexpensive and excellent for the convalescent limited in activities.

Write for "FREE SAMPLES" of toweling and other information to—

MILDRED V. KRIEG

P. O. Box 82 **Riverside, Illinois**

Now . . . for the first time

- **A new model HERALD LOOM specifically adapted to OCCUPATIONAL THERAPY. A wide range of accessories offering time-saving quick changes for you.**
- **Convenient appliances for increasing shoulder flexion, scapular adduction, increased resistance to plantar flexion and increased resistance to dorsi flexion. Of course, this special Herald Loom offers feather-touch ease if required.**

herald looms

No more makeshift adaptation. Take care of your problems with this new Occupational Therapy Model Herald Loom. Write for details.

2080 EDGEWOOD ROAD
Redwood City, California

Superior CRAFT METALS

NEWS FLASH!
COLORAMIC ALUMACRAFTING IS HERE!

Now, for the first time, you can offer your group aluminum circles in five gorgeous colors.

Send for FREE literature today!

help produce superior results, give patients added thrill of accomplishment!

Your metalcraft groups will like working with our Super-Brite MIRROR-Finish Aluminum and other specially-prepared craft metals. They'll start projects with assurance that you are giving them the benefit of the best. They'll find a greater source of pride in the appearance of their completed work.

Metal Goods Corporation's quality aluminum, brass, copper and stainless steel are indeed a sound foundation on which to build your patients' sense of achievement.

SAFE-T-ETCH

NON-ACID ALUMINUM ETCHING COMPOUND especially suited to O. T. usage

Safe-T-Etch does away with all the old hazards of etching with acids . . . is proving safer, faster, and easier to use. Ask about it.

FREE BOOKLET

Tells how to make many useful, beautiful items

We'll be glad to send you this free booklet on how to etch beautiful MIRROR-Finish Aluminum using SAFE-T-ETCH. Just fill in and mail the coupon below.

METAL GOODS CORPORATION

Craft Division
METAL GOODS CORPORATION
5237 Brown Avenue
St. Louis 15, Mo. O

(Please type or print)

Name_____

Address_____

City_____ State____ Zone____

Affiliation_____

For Treatment of
SPASTIC CASES • CEREBRAL PALSY • STROKE • POLIO
HAND INJURIES

GENERAL ELECTRIC COMPANY'S SILICONE

BOUNCING PUTTY

Does Not Harden • Lasts Indefinitely
Can Be Autoclaved

OCCUPATIONAL THERAPY

As A "Trial Order"—Send $2.00 For One $2.85 Jar

S. R. GITTENS, Sole Distributor

1620 Callowhill St., Philadelphia 30, Pa.

KNIFORK

Eating pleasure for the Handicapped

Lets patient cut and eat any food with 1 hand—SAFELY. Perfect for bed-tray meals.

Scientifically made of ground and polished stainless steel. Specify right or left hand. Only $2.10 each. Guaranteed. Order from —

MOORE KNIFORK CO.

PO Box 43065 • Los Angeles 43

SHELLCRAFT—offers an unmatched variety of projects for occupational therapy or hobby craft.

Inexpensive—Easily Learned—Interesting

Finished work readily saleable—
A Powerful Incentive

Free Catalog—Seashells, Rhinestones, Pearls, Plastic, Chain, etc. for costume jewelry and novelties.

FLORIDA SUPPLY HOUSE

P.O. Box 847 (2 Miles South of
Bradenton, Fla. Bradenton on US 41)

OUR 22nd YEAR

What can I make with HOBBY TOOLS?

"HOBBY TOOLS & HOW TO USE THEM," the new 96-pg. X-acto manual, gives the answers — interestingly and authoritatively. Shows in easy steps *what* to make and *how* to make it — projects in whittling, scale modeling, leathercraft, metalwork, block printing, etc.

only **75c** *At hobby stores or write direct.*

X-acto

48-411 Van Dam St., L.I. City 1, N.Y.

NEWCOMB STUDIO ART LOOMS are designed for Occupational Therapy . . . stimulates hand, arm and leg reflexes.

$100.00 f.o.b. Davenport, Iowa

This home or institution loom gives a patient hours of pleasant systematic exercise. A patient can weave attractive artistic rugs, drapery materials, tweeds and other beautiful fabrics that receive admiration . . . and can be sold profitably to a ready market in their community.

Weaving is fascinating and profitable and builds a new mental attitude towards life in many patients. Let us send you our illustrated catalog . . . also list of warp and weaving supplies.

NEWCOMB LOOM CO.

Established 1898

Davenport, 9-3, Iowa

THIS BIG ILLUSTRATED

LEATHERCRAFT CATALOG

There is no finer source of materials for Leathercraft projects of all kinds . . . easy-to-assemble kits to enable beginners to make billfolds, gloves, purses, belts and other attractive items . . . . top quality tooling and carving leathers for advanced craftsmen. Also complete line of Leathercraft tools, accessories, supplies and instruction books.

ATTENTION

METALCRAFT HOBBYISTS

Here is a comprehensive illustrated catalog from which you can make your selection of aluminum and copper in sheets and shapes for many projects; copper, aluminum and brass foil for metal tooling; kilns, colors and kits for metal enameling; instruction books, tools and accessories for metalcraft of all kinds.

SEND TODAY
FOR EITHER OR BOTH
FREE CATALOGS

J. C. LARSON CO.

820 S. Tripp Ave., Dept. 6111
Chicago 24, Illinois

Schools Offering Courses in Occupational Therapy

Boston School of Occupational Therapy, Affiliated with Tufts University, 7 Harcourt St., Boston, Mass. *Mrs. John A. Greene, President*

Buffalo, University of, School of Medicine, 2183 Main St., Buffalo 14, N. Y. *Asst. Prof. Nancie B. Greenman, OTR, Director of Program in O.T.*

Colorado Agricultural and Mechanical College, Fort Collins, Col. *Asst. Prof. Marjorie Ball, OTR, Director of O.T.*

Columbia University, College of Physicians and Surgeons, 630 W. 168th St., New York 32, N. Y. *Ass't. Prof. Marie Louise Franciscus, OTR, Director of Training Courses in O.T.*

Illinois, University of, College of Medicine, 1853 West Polk St., Chicago 12, Ill. *Assoc. Prof. Beatrice D. Wade, OTR, Director of O.T.*

Iowa State, University of, College of Liberal Arts and College of Medicine, Iowa City, Iowa. *Ass't. Prof. Elizabeth Collins, OTR, O.T. Supervisor.*

Kalamazoo School of Occupational Therapy, Western Michigan College of Education, Kalamazoo 45, Michigan. *Assoc. Prof. Marion Spear, O.T.R., Director of O.T.*

Kansas, University of, School of Occupational Therapy, Lawrence, Kansas. *Asst. Prof. Frieda Congello, OTR, Director of O.T.*

Michigan State Normal College, Ypsilanti, Michigan, *Asst. Prof. Frances Herrick, OTR, Director of O.T.*

Mills College, Oakland 13, Calif. *Mrs. Ivabelle B. Rhodes, OTR, Director of O.T.*

Milwaukee-Downer College, 2512 E. Hartford Ave., Milwaukee 11, Wis. *Prof. Henrietta McNary, OTR, Director of O.T.*

Minnesota, University of, School of Medicine, Minneapolis, Minn. *Miss Borghild Hansen, OTR, Director of O.T.*

Mount Mary College, Milwaukee 13, Wis. *Mrs. Margaret Mirenda, OTR, Acting Director of O.T.*

New Hampshire, University of, College of Liberal Arts, Durham, N. H. *Miss Ruth McDonald, OTR, Supervisor of O.T.*

New York University, School of Education, Washington Square New York 3, N. Y. *Assoc. Prof. Frieda Behlen, OTR, Director of O.T.*

Ohio State University, College of Education, Columbus 10, Ohio. *Miss Barbara Locher, OTR, Chairman, O.T. Dept.*

Pennsylvania, University of, School of Auxiliary Medical Services, 419 South 19th Street, Philadelphia 46, Pa. *Prof. Helen S. Willard, OTR, Director*

Puerto Rico, University of, School of Physical and Occupational Therapy, Professional Bldg., Santurce, Puerto Rico. *Miss Carmen P. Perez, OTR, Senior Supervisor of O.T.*

Puget Sound, College of, N. 15th and Warner St., Tacoma 6, Wash. *Asst. Prof. Shirley Bowing, OTR, Director of O.T. and Rehabilitation.*

Saint Catherine, College of, St. Paul 1, Minn. *Sister Jeanne Marie, OTR, Director of O.T.*

San Jose State College, San Jose 14, Calif. *Asst. Prof. Mary Booth, OTR, Director of O.T.*

Southern California, University of, College of Letters, Arts, and Science, Box 274, Los Angeles 7, Calif. *Assoc. Prof. Angeline Howard, OTR, Director of O.T.*

Texas State College for Women, Dept. of Arts, Denton, Texas. *Assoc. Prof. Fanny Vanderkooi, M.A., Supervisor of O.T.*

Texas, University of, Medical Branch, Galveston, Texas. *Miss Rose Marie Wells, OTR, Director of O.T.*

Washington University, School of Medicine, 4567 Scott Ave., St. Louis 10, Mo. *Asst. Prof. Martha Matthews, OTR, Director, Dept. O.T.*

Wayne University, College of Liberal Arts and College of Education, Detroit 1, Michigan. *Asst. Prof. Barbara Jewett, OTR, Director of O.T.*

William and Mary, College of, Richmond Professional Institute, 901 W. Franklin St., Richmond 20, Va. *Miss H. Elizabeth Messick, OTR, Director of O.T.*

Wisconsin, University of, School of Medicine, 1300 University Ave., Madison 6, Wis. *Asst. Prof. Caroline G. Thompson, OTR, Director of O.T.*

Awaiting accreditation:

North Dakota, University of, Grand Forks, N. D. *Asst. Prof. Althea A. Harmon, OTR, Director of O.T.*

Here's a NEW idea for therapists...

FOR FINGER PAINTING • FOR BRUSH PAINTING FOR SCREEN PRINTING • FOR PAINTING MODELS

—A refreshing discovery that is proving to be an exciting and expansive medium for all ages!

Staley's Liquid Starch mixed with Prang Powder Tempera or colored chalks has scores of applications for dripless easel painting, play props, modeling and countless color crafts.

Impressive performance tests prove that this delightful combination is the smoothest working art medium available for everything from stencils to stage crafts.

The outstanding flexibility, cost and cleanliness of this new medium makes it ideal for all primary and secondary age groups.

Order these remarkable tie-in mediums today and add a new lilt to your teaching and a new economy note to your art budget.

SEE YOUR "PRANG-MAN" FOR MORE DETAILS.

Write for sparkling booklet detailing range of applications for school crafts. Dept. OT-38

THE AMERICAN CRAYON COMPANY
SANDUSKY OHIO NEW YORK

STENCIL

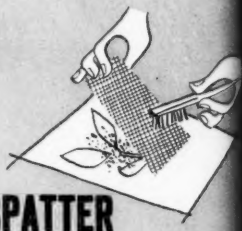
Stenciling is made easier by mixing Staley Liquid Starch and Prang Powder Tempera to a creamy like consistency. Apply with a regular stencil brush varying the technique and pressure for unusual shading effects.

SCREEN PRINTING

For a variety of textured and unusual decorative pieces mix Prang Powder Tempera and Staley Liquid Starch to a paste-like consistency. Dip damp sponge into the paint and daub on the paper with freedom. The pattern of the sponge and the texture of the color built-up makes many exciting designs.

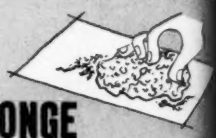
BRUSH

For Dripless Easel Painting, just dip the brush into dry Prang Powder Tempera Colors arranged in front of you in paper cups. Then dip into pan of Liquid Starch and apply to the paper immediately. The work progresses with added zest and spontaneity for exciting exhibit pieces. *You will like it too because there is no mess!*



SPATTER

Attach design or stencil to the surface to be decorated. Mix Prang Powder Tempera and Staley Liquid Starch with water to desired consistency that will work easily with a hand sprayer. Applied with varying pressures gives you striking effects.



SPONGE

Mix Prang Powder Tempera with Staley Liquid Starch to a paste-like consistency. Pour mixed color in screen frame and follow regular procedure for registering and printing.

sier by
Starch
pera to
cy. Ap-
il brush
nd pres-
effects.

ITING

ed and
ces mix
ra and
a paste-
damp
d daub
eedom.
ge and
uilt-up
signs.

inting,
to dry
Colors
you in
to pan
pply to
. The
added
or ex-
ou will
o mess!

to the
l. Mix
a and
n water
at will
spray-
g pres-
effects.

mpera
ch to a
Pour
ne and
re for